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Mental Health Services For Ontario Correctional Clients

Ben Hoffman

ABSTRACT

Human services and program evaluation literature suggests that correctional policy must be formulated in the context of an Empirical Penology that begins with the data of corrections (Conrad, 1973; Newman and Price, 1977; Law Reform Commission of Canada, 1976).

The Ontario Ministry of Correctional Services is currently involved in policy discussions concerning the future provision of mental health service to its clients. As part of its discussions, a Ministry Task Force is examining mental health service delivery models. However, standardized descriptive data of the existing client target population and the current service are not available. Comprehensive service evaluations are also non-existent.

This study describes the Target Population of 134 clients identified in need of mental health service in institutions and probation and parole offices in the Ontario Northern Region in a four-month period. The Total Target is presented as a composite of ten individual targets whose client profiles, mental health service and service evaluations are each unique along various dimensions.

The Results are discussed with a view to developing and implementing service delivery models by comparing the Combined Institution and Combined Probation and Parole Targets and by highlighting three of the ten individual targets. It is argued that the uniqueness of each individual target warrants follow-up local-level discussions with Ministry Administration to design and implement appropriate mental health service models based on the data and service evaluations presented in the study.

MENTAL HEALTH SERVICES FOR ONTARIO CORRECTIONAL CLIENTS:
A TARGET POPULATION AND SERVICE DESCRIPTION
WITH AN EVALUATIVE COMPONENT

BY

BENJAMIN CLYDE HOFFMAN

B.A. Wilfrid Laurier University, 1973

THESIS

Submitted in partial fulfilment of the requirements
for the Master of Arts degree
Wilfrid Laurier University
1981

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Literature Review And Introduction

This thesis provides a comprehensive description of correctional clients identified for mental health service with a service description and evaluation statement based entirely upon standardized questionnaire data submitted systematically by field staff who work directly with the clients. The approach taken in this thesis to the problem of developing mental health service delivery models is that employed by community psychologists and programme evaluators who stress the utilization value of research which has been designed to allow local-level service need identification, programme planning, resource allocation and service delivery implementation and evaluation (Patton, 1978; Rappaport, 1977).

This research paradigm responds to the need for accountability efforts in the human service delivery system that has been stimulated by economic and political pressures (Freeman, 1977) and generally operationalized as program evaluation research (Wilkins, 1969; Newman and Price, 1977; Meld, 1974; Patton, 1978). The major emphasis in the research design is that of local-level, client-and-situation-specific input.

Within the criminal justice field a popular body of research has revealed a discouraging picture of the performance of the correctional system (Glaser, 1964; Lipton, Martinson and Wilks, 1975). One formidable response to this assessment has recently appeared as a comprehensive literature review emphasizing effective treatments conducted under scientifically sound research procedures (Ross and Gendreau, 1980).

Another response is from correctional program evaluators and research theorists who claim that evaluation must begin by asking the right questions, such as: What are program participation rates?; Is the program relevant?; What are the conditions under which we may expect

a set of outcomes (McCollum, 1977; Baunach, 1977; Wilkins, 1974)?

Thus, by framing the questions properly, program evaluation can become an institutionalized form of policy research (Suchman, 1967; Freeman, 1977; Attkinsson, Hargreaves, Harrowitz and Sorenson, 1978). Such long-range policy research within the correctional field endorses the notion of Empirical Penology and it should begin with the collection and dissemination of relevant, often inconveniently obtained data and should progress to clearer program evaluation efforts (Conrad, 1973; Freeman, 1977; Newman and Price, 1977).

Unprecedented attention is currently being focused in the criminal justice field on the expansive and active interface of Psychiatry and Law, formally represented by the discipline of Forensic Psychiatry (Arboleda-Florez, 1978; Dandurand, 1977; Bourne, 1978; Morris and Hawkins, 1970). In fact, the legal status of mentally disturbed persons has been identified as one of the most troublesome problems in the field of law (American Bar Foundation, 1971).

There now exists clearly identifiable evidence which indexes the growing impact of psychiatry on the criminal justice system. For example, a survey of the activity of psychiatry in the Canadian Criminal Justice System would include: - the increased participation of psychiatrists in the court room, with attendant debates on the propriety of participation (Greenspan, 1978; Szasz, 1974; Moore, 1978);

- the proliferation of court requests for pre-trial psychiatric examinations and assessments regarding suitability for bail and/or fitness to stand trial (Morris and Hawkins, 1970; Szasz, 1970; METFORS Report, 1978);

- the correctional system's use of psychiatrists to provide assessment - classification - treatment of sentenced inmates (Meen, 1978; Butler and Hallihan, 1977);

- the research being undertaken by the Forensic Psychiatric

discipline in areas such as dangerousness, treatment paradigms, psychopathy (METFORS Report, 1978; Skodol and Karasu, 1978);

- the increased efforts of some Canadian universities to provide post-graduate training in Forensic Psychiatry (METFORS Report, 1978);

- the involvement of psychiatrists in inter-disciplinary teams examining mental health service in the criminal justice system, including matters of ethics (Law Reform Commission of Canada, 1976; Bourne, 1978; Moore, 1978).

In 1978 the Ontario Ministry of Correctional Services (M.C.S.) convened a task force to study the future provision of mental health services to its clients: inmates, probationers and parolees. The task force had a broad mandate that ranged from examining the treatment of mentally retarded offenders to the most appropriate service delivery system for the care of offenders typically described as mentally disturbed/disordered.

In its discussions, the task force examined two specific models of mental health service.

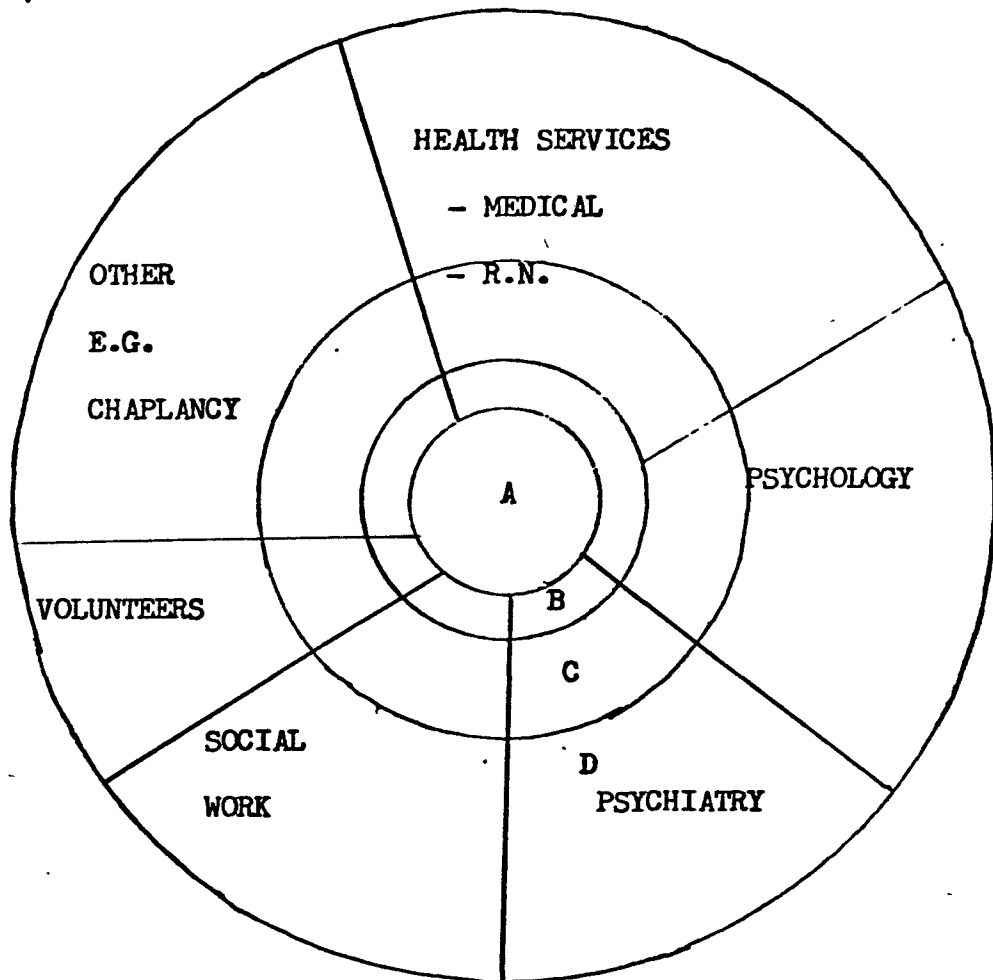
One model, a forensic service version, called for the creation of secure units within existing Ontario Psychiatric Hospitals. These forensic units (six or seven in number) would provide on a province-wide basis and in catchment areas, both inpatient and outpatient psychiatric services as well as direct services for all jails, institutions and community programs within the catchment area. These forensic units would also provide remand psychiatric service for the Courts. The design of this model called for inter-Ministry co-operation allowing continuity of assessment and treatment and program specialization.

The other model, featuring psychiatric service, took as its frame of reference the community-orientation of the Ministry and called for an extension of service provision from corrections to the community-at-large. Use was made of A. Stokes' 'Bull's Eye' model for the treatment and management of psychiatric illness (Figure 1).

In this model the bull's eye would be a local jail or probation and parole office. All services in the correctional community and non-correctional community are seen as resources to that central agency. Psychiatric consultants and contract services with community resources would provide the bases for localized care to clients. The role of public health nurses with psychiatric experience is seen as an integral part of this model, especially in rural and northern communities. Furthermore, the establishment of forensic units within Ministry of Health Psychiatric Hospitals was recommended with bed space and service being split three ways: one third providing forensic assessment for the courts; one third managing seriously psychiatric disturbed inmates and one third functioning as an assessment unit for probation and parole clients. The frame of reference for this model is community corrections and it calls for a formal liaison with Ministry of Health to provide mental health services for correctional clients.

The literature review for this study, undertaken concurrently with the discussion of the Ministry's Task Force on Mental Health, revealed the successful implementation of a third model which de-emphasized centralized maximum security hospitalization in favour of a community mental health approach (Laben, Kashgarion, Nessa and Spencer, 1977). This model employs localized multidisciplinary forensic evaluation and treatment teams which extend traditional mental health professional skills and services and is predicated on state-wide (U.S.A.) screening by certified para-professionals to

Figure 1

Bull's Eye Correctional Community *

A. Primary M.C.S. Agent - Probation and Parole

- Regional Detention Centre Staff/Jail

B. Correctional Centres and Adult Detention Centres

C. Community Resource Centres

D. Probation and Parole

* Dr. A. Stokes' Bull's Eye Model has been modified by Dr. Meen

determine whether further evaluation and/or treatment is necessary. The model is set in a strong argument outlining its cost savings.

Recognizing that a variety of mental health service models for correctional clients were articulated in the literature and having determined that the data available to the Ministry Task Force were unstandardized and highly impressionistic, a position paper (Hoffman, 1979) was submitted to the Task Force. The paper highlighted the results of a content analysis of the Ministry's data and suggested that models be developed in the context of community-based correctional programming based upon localized examination of service need. Furthermore, it was argued that any one particular model, while theoretically appealing, would likely miss other situation-specific variables that were implicit in the data available to the Ministry. Such variables included: the degree to which staff have been trained to identify and care for mentally disturbed clients (organization sensitivity); volunteer and para-professional assistance in program delivery; existing infrastructure and service agreements and networks, both intra and inter-Ministry, and culture-specific considerations.

Following submission of this position paper a research proposal was presented to the Ministry to undertake this study. The goals of the study were: - to provide sociodemographic descriptive data that profiles the client who is currently receiving mental health service, including how he/she is identified for service;

- to describe, by category, the treatment that the client receives;

- to provide a service evaluation statement.

In describing the target population sociodemographically and in specifying the manner in which clients are identified for mental health service the study was to assist in defining more precisely the

person who requires mental health service. Furthermore, frequency of cases and target population distribution was to assist in considering service models, program planning, and resource allocation.

In presenting a statement of the perceived quality of service the study would also yield a service evaluation statement.

While three types of service evaluation are possible; subjective-perceptual, recidivism and long-term causal, this study employs the subjective-perceptual type. The standards of quality measured focused on humanistic considerations, such as conditions and expediency of treatment/care; and rehabilitative considerations, such as usefulness of treatment in assisting the client to adjustment to the community. These standards of quality have been adopted by the M.C.S. and were measured by obtaining the subjective perceptions of Ministry personnel along these dimensions.

The evaluation is responsive to the need for empirical research in the field of mental health service delivery for correctional clients and it is suited to the current constraints of time and economy. While recidivism studies and long-term causal evaluation research are also considered useful, the proposed subjective-perceptual evaluation was deemed most appropriate as it employs a client-data matrix which concentrates on treatment delivery (i.e. procedural checks) and client-specific content (such as perceptions of humanistic quality of treatment and perceived quality vis a vis community adjustment).

Method

Subjects: One hundred and thirty-four clients identified for mental health service in two correctional centres, eight jails and 24 probation and parole offices of the Ontario M.C.S., Northern Region, from March 15, 1980 to July 15, 1980 (data input points

listed in Appendix A).

The subjects, comprising the target population, were selected at each Ministry institution/office in the study area from a total population of 7,568 active clients during the four month study period.

Materials: A Research Assistant's Package (Appendix B) was prepared for each data collection point. The Package contained: a Letter of Introduction to the study; Instructions to Research Assistants; a study abstract from the research proposal; a Definition Statement; a Mental Health Service Report and a Mental Health Service Report Answer Guideline.

The Mental Health Service Report was a four-part structured questionnaire produced on eight pages of legal size paper, marked confidential.

Section I identifies the institution or probation and parole office filing the Report.

Section II, "Client Information," provides client sociodemographic information and includes an index of correctional and mental health service history.

Section III, "Mental Health Service," provides a comprehensive report of the actual mental health service experience of the client. It indicates: How the client was identified for mental health service (assessment/treatment); and What the treatment was that the client received (if it was received).

Section IV, "Quality of Service," provides objective data on service response to assessment/treatment need, the institution's/field office's perception of the quality of service in terms of the client's and the Ministry's needs. It also includes a statement of the perceived effect of the total mental health service "experience" of the client.

Procedure: Two weeks prior to data collection the Research

Assistant's Package was mailed to local Ministry managers or directly to pre-identified Research Assistants for their study and preparation. This mailing was followed with either a phone call or on-site visit by the researcher to discuss the study and data collection requirements.

In all cases, the Research Assistants, who ranged from institutional nursing staff to probation officers were briefed on the following areas: - the rationale for the study, contextualized with reference to programme evaluation and Ministry policy discussions concerning mental health service;

- the role of the Research Assistant, emphasizing the concept of the psychological effects of the psychological experiment;

- the mechanics of data collection: from sensitivity to client in need ("picking up" subject), through Report preparation using the guide to closing the Report after it had been active for one month;

- the integrity of the study vis a vis researcher accountability to share results with local managers and relevant staff once the data had been analysed.

Six group briefing sessions were held, involving 47 staff and individual consultations in person or by telephone were provided so that all Research Assistants were consulted. Other interested staff were also able to familiarize themselves with the study. Field notes were kept on each meeting and individual consultation (Appendix C).

Data Analysis: Analysis was carried out using computer programs available in Statistical Package for the Social Sciences. Coding Sheet and Instrument are presented in (Appendix D).

Results

The Results are presented in three sections on two levels. The three sections are: A, Target Population Profile and History; B, Mental Health Service; and C, Service Evaluation. The two levels are: 1, Grouped, representing the Total Target (T.T.); the Combined Institution Target (C.I.T.); and the Combined Probation and Parole Target (C.P.P.T.), and level 2, Individual, representing 10 individual targets including five institution and five probation and parole targets.

Grouping the data into two levels allows discussion of the entire sample and also local-level samples where data could be collapsed to create meaningful target sizes, recognizing geographical and operational limitations. (Targets within both levels are presented in Table 1).

A. Target Population Profile and History:

Profile: Table A-1.1 and Tables A-2-1.1 through A-2-1.10 with supporting detailed tables in Appendix E show the following:

Age: (Grouped) The mean age of the T.T. is 26.4 years (standard deviation = 9.9); the C.I.T. and C.P.P.T. are respectively, slightly older with a mean of 27.5 years (standard deviation = 11.3) and slightly younger with a mean of 24.9 years (standard deviation = 7.9).

(Individual) The mean ages are generally similar to the mean age of the T.T. with notable exceptions at: Thunder Bay Correctional Centre where the mean age is 20.2 years (standard deviation = 3.1); Sudbury, Haileybury and North Bay Jails where the mean is 36.2 years (standard deviation = 15.1); Kenora and Thunder Bay Jails, mean of 30.3 years (standard deviation = 13.8); and Kenora Probation and Parole with a mean of 22.7 (standard deviation = 5.1).

Sex: (Grouped) Ninety percent of the T.T. are males,

Table 1
Identified Targets

Target Name/Data Point	Total Population	Target (N)/As Percent Pop.
<u>(Grouped):</u>		
Total Target	7301	134 (1.8%)
Combined Institutional Target	3639	75 (2.1%)
Combined Probation & Parole Target	3662	59 (1.6%)
<u>(Individual):</u>		
1. Monteith Correctional Centre	508	27 (5.3%)
2. Thunder Bay Correctional Centre	193	13 (6.7%)
3. Sudbury, Haileybury, North Bay Jails	1225	13 (1.1%)
4. Kenora, Thunder Bay Jails	1228	12 (.9%)
5. Sault Ste. Marie Jail	425	10 (2.4%)
6. Timmins, Sudbury Probation & Parole	1405	6 (.4%)
7. Sault Ste. Marie Probation & Parole	557	9 (1.6%)
8. North Bay Probation & Parole (Haileybury, Bracebridge, Huntsville, Parry Sound)	1277	15 (1.2%)
9. Fort Frances Probation & Parole	320	11 (3.4%)
10. Kenora Probation & Parole	103	18(17.5%)

similarly 96% of the C.I.T. are males; however, 81% of the C.P.P.T. are males and 19% are females.

(Individual) Males represent the greatest percentage of the individual targets, reflecting the percentage breakdown of the grouped targets with one exception. In the Sault Ste. Marie Probation and Parole Target 56% are males and 44% are females.

Marital Status: (Grouped) Sixty-three percent of the T.T. are single while 25% are married or live common-law. Thirteen percent are divorced, separated or widowed. This breakdown is representative of the C.I.T. and C.P.P.T.

(Individual) Six of the individual targets have marital status percentage breakdowns similar to the T.T. Notable differences are at Thunder Bay Correctional Centre where 85% are single, the highest percent of singles reported; at Monteith Correctional Centre where 37% are married or live common-law and 57% single; at Sudbury, Haileybury and North Bay Jails where 54% are single and 31% are separated, divorced or widowed; at Sault Ste. Marie Jail where 40% are single, 30% live common-law and 30% are separated or divorced.

Education: (Grouped) The mean grade level achieved for the T.T. is 9.3 (standard deviation = 2.2). For the C.I.T. it is 9.5 (standard deviation = 2.5) while the C.P.P.T. is lower at 8.5 (standard deviation = 2.6).

(Individual) The highest grade mean of 10.3 (standard deviation = 3.6) (one grade level above the T.T.) is at Sudbury, Haileybury and North Bay Jails. The lowest grade mean of 7.3 (standard deviation = 4.1) is at Timmins and Sudbury Probation and Parole. North Bay Probation and Parole is somewhat lower than the T.T. with a mean of 7.9 (standard deviation = 2.7), as is Kenora and Thunder Bay Jails, with a mean of 8.3 (standard deviation = 3.5) and Kenora Probation and Parole, mean grade of 8.6 (standard

deviation = 2.5). Other individual targets are similar to the T.T.

Occupation: (Grouped) Thirty-two occupation types were reported in the T.T. (Appendix E) with 40% being labourers, 10% chronically unemployed, 5% housekeepers and 35% forming a heterogeneous occupation group. The C.I.T. has 60% as labourers and 40% forming a heterogeneous group. Within the C.P.P.T. 15% are labourers while 24% are chronically unemployed. Thirty-eight percent of this Target form a heterogeneous occupation group.

(Individual) All individual targets have breakdowns primarily into labourer and heterogeneous other, similar to the T.T. However, Sault Ste. Marie Probation and Parole, Fort Frances Probation and Parole and Kenora Probation and Parole have 22%, 27% and 50%, respectively, in the chronically unemployed category.

Sentence Disposition: (Grouped) Seventy-four percent of the T.T. are sentenced and 24% are remanded. Similarly, 65% of the C.I.T. are sentenced and 33% are remanded. A very different breakdown occurs in the C.P.P.T. where 86% are sentenced and 12% are remanded.

(Individual) All individual probation and parole targets have larger percentages of sentenced clients than remanded, similar to the C.P.P.T. However, the jails have larger groups of remanded clients in their targets, especially at Sault Ste. Marie Jail where 100% are remanded. At Sudbury, Haileybury and North Bay Jails, 46% are remanded and 54% sentenced and at Kenora and Thunder Bay Jails 58% are remanded and 42% are sentenced.

Charges: (Grouped) For all three grouped targets Property charges are most prevalent involving 45% of the clients in the T.T. Next, 25% of the clients have been charged with offences against the Public Order and Peace and then offences against the Person follow, involving 16% of the Target. Moral charges are fourth, involving 7% of the T.T.; however, in the C.I.T. 3% of the clients had Moral

charges and in the C.P.P.T. 10% had Moral Charges.

(Individual) Distribution of charges in the individual target are similar to the T.T. with notable variations as follows: at Sault Ste. Marie Jail 88% of the clients have Property charges, 50% have Order charges while Person and Moral charges drop to 38% and 25% respectively. Fifty-six percent of the North Bay Probation and Parole Target have charges for offences against Property, 22% against Order and 11% against both the Person and Morals.

Current Sentence: (Grouped) In the T.T. 29% have neither an institution nor a probation sentence. Of those clients with institution sentences, 25% have from one to six months; 13% have seven to 12 months and 14% have 13-24 months. The mean institution sentence is 11.0 months (standard deviation = 9.6). One percent of the T.T. have probation sentences of one to six months, 12% have seven to 12 months, 18% have 13-24 months and 12% are greater than 24 months. The mean probation sentence for the T.T. is 23.1 months (standard deviation = 11.8).

In the C.I.T. 47% have no probation sentences. For those who do the mean probation sentence is 24.0 months (standard deviation = 11.6). Thirty-three percent of the C.I.T. have an institution sentence of one to six months, 17% have seven to 12 months, 16% have 13-24 months and 5% have institution sentences greater than 24 months. The mean institution sentence for the C.I.T. is 11.0 months (standard deviation = 10.0).

In the C.P.P.T. 48% have no institution sentence. For those who do the mean institution sentence is 11.1 months (standard deviation = 8.7). Three percent have a probation sentence of one to six months, 22% have seven to 12 months, 37% have 13-24 months and 20% have probation sentences longer than 24 months. The mean probation

sentence for the C.P.P.T. is 22.9 months (standard deviation = 11.9).

(Individual) The mean lengths of sentences for the individual targets are similar to those for the T.T., that is: 11.0 months institution and 23.1 months probation. Exceptions are as follows: Sudbury, Haileybury and North Bay Jails mean institution sentence length of 5.7 months (standard deviation = 4.71) with a mean probation sentence length of 21.0 months (standard deviation = 4.99) applied to 92% of the group. Kenora and Thunder Bay Jails have a mean institution sentence of 5.0 months (standard deviation = 4.2). Sault Ste. Marie Probation and Parole has a mean probation sentence of 31.5 months (standard deviation = 9.12), 8.4 months longer than that of the T.T. Sixty-seven percent of this Target also has an institution sentence, with a mean length of 6.0 months. Fort Frances Probation and Parole has a mean probation sentence of 17.1 months (standard deviation = 9.64), the shortest one reported, 6.0 months shorter than that for the T.T. and 6.9 months shorter than that for the C.P.P.T.

Client Profile

(Grouped)

*See Appendix F

Sociodemographic Factor:	Total Target N=134		Combined Institution N=75		Combined Probation & Parole N=59	
	\bar{x}	S.D.	\bar{x}	S.D.	\bar{x}	S.D.
Age (Years)	26.4	9.9	27.5	11.3	24.9	7.9
Sex	Male	= 90 %	Male	= 96 %	Male	= 81 %
	Female	= 10	Female	= 4	Female	= 19
Marital Status	Single	= 62.7%	Single	= 62.7%	Single	= 62.7%
	Married/Common-Law	= 24.6	Married/Common-Law	= 24.0	Married/Common-Law	= 25.5
	Divorced/Separated	= 12.0	Divorced/Separated	= 12.0	Divorced/Separated	= 11.9
	Widow-er	= 0.7	Widow-er	= 1.3	Widow-er	= 0
Education (Grade)	x = 9.3	S.D. = 2.2	x = 9.5	S.D. = 2.5	x = 8.5	S.D. = 2.6
Occupation (N Types = 32)*	Labourer	= 40 %	Labourer	= 60 %	Labourer	= 15 %
	Chronically Unemp.	= 10	Hetrogeneous Other	= 40	Chronically Unemp.	= 24
	Hetrogeneous Other	= 50			Hetrogeneous Other	= 61
Sentence Disposition	Remanded	= 23.9%	Remanded	= 33.3%	Remanded	= 11.9%
	Sentenced	= 73.9	Sentenced	= 64.0	Sentenced	= 86.4
Charges (Ranked)	Property	= 44.5%	Property	= 48.2%	Property	= 39.3%
	Order	= 24.6	Order	= 23.5	Order	= 26.2
	Person	= 16.4	Person	= 12.9	Person	= 21.3
	Morals	= 6.8	Morals	= 2.7	Morals	= 9.8
	Liquor/Drug	= 5.4	Liquor/Drug	= 7.0	Liquor/Drug	= 3.2
Current Sentence	≤12 Mo. Inst.=67% \bar{x} =11.3		≤12 Mo. Inst.=65% \bar{x} =11.0		≤12 Mo. Inst.=69% \bar{x} =11.1	
	≤12 Mo. Prob.=42% \bar{x} =23.1		≤12 Mo. Prob.=51% \bar{x} =24.0		≤12 Mo. Prob.=32% \bar{x} =22.9	

Table A-2-1.1
 Monteith Correctional Centre
 Target Population Profile

N=27			
Age (Years):	Mean	= 25.4	
	Median	= 21.4	
	S.D.	= 8.9	
Sex:	Male	= 27 = 100%	
Marital Status:	Single:	15	= 56.6%
	Married:	7	= 25.9
	Common-Law:	3	= 11.1
	Separated:	2	= 7.4
Education (Grade):	Mean	= 9.8	
	Median	= 9.4	
	S.D.	= 1.7	
Occupation:	Type	Frequency	Adjusted Percent
	Labourer	17	63.0
	Hetrogeneous Other	10	37.0
Sentence Disposition:	Remanded:	2	= 7.4%
	Sentenced:	23	= 85.2
	Missing Info:	2	= 7.4
Charges:	Person:	2	= 8.3%
	Property:	14	= 58.3
	Order:	6	= 25.0
	Liquor:	1	= 4.2
	Drug:	8	= 33.3
Current Sentence (Months):			
Institution:	Mean	= 10.9	
	Median	= 8.8	
	S.D.	= 8.6	
Probation:	N/A	= 26 = 96.3%	
	Yes	1	= 3.7
	\bar{x} Length	= 36 Months	

Table A-2-1.2
Thunder Bay Correctional Centre
Target Population Profile

N=13			
Age (Years):	Mean	= 20.2	
	Median	= 19.3	
	S.D.	= 3.1	
Sex:	Male	= 13 = 100%	
Marital Status:	Single:	11	= 84.6%
	Common-Law:	2	= 15.4
Education (Grade):	Mean	= 9.6	
	Median	= 9.6	
	S.D.	= 1.4	
Occupation:	Type	Frequency	Adjusted Percent
	Labourer	11	84.6
	Carpenter	1	7.7
	Unknown	1	7.7
Sentence Disposition:	Remanded:	0	
	Sentenced:	13	= 100%
Charges:	Person:	2	= 15.4%
	Property:	10	= 76.9
	Order:	3	= 23.1
	Liquor:	1	= 7.7
Current Sentence (Months):			
Institution:	Mean	= 11.1	
	Median	= 6.3	
	S.D.	= 8.0	
Probation:	None	8	= 62%
	Yes	2	= 15
	Unknown	3	= 23

Table A-2-1.3
Sudbury, Haileybury and North Bay Jails
Target Population Profile

N=13

Age (Years):	Mean	=	36.2	
	Median	=	28.8	
	S.D.	=	15.1	
Sex:	Male	=	11 = 85%	
	Female	=	2 = 15	
Marital Status:	Single:	7 = 53.8%		
	Married:	2 = 15.4		
	Divorced:	1 = 7.7		
	Separated:	3 = 23.1		
Education (Grade):	Mean	=	10.3	
	Median	=	10.7	
	S.D.	=	3.6	
Occupation:	Type	Frequency	Adjusted Percent	
	Labourer	6	46.0	
	Hetrogeneous Other	7	34.0	
Sentence Disposition:	Remanded:	6 = 46.2%		
	Sentenced:	7 = 53.8		
Charges:	Person:	1 = 11.1%		
	Property:	5 = 55.6		
	Morals:	1 = 11.1		
	Order:	3 = 33.3		
	Liquor:	1 = 11.1		
	Drug:	2 = 4.71		
Current Sentence (Months):				
Institution:	Mean	=	5.7	
	Median	=	2.0	
	S.D.	=	22.2	
Probation:	N/A	=	1 = 8.0%	
	Yes	=	12 = 92.0	
	\bar{x} Length	=	21.0	
	Median	=	18.0	
	S.D.	=	4.99	

Table A-2-1.4
Kenora and Thunder Bay Jails
Target Population Profile

N=12

Age (Years):	Mean	=	30.3	
	Median	=	26.5	
	S.D.	=	13.8	
Sex:	Male	=	12	= 100%
Marital Status:	Single:	10	=	83.3%
	Married:	1	=	8.3
	Widow-er:	1	=	8.3
Education (Grade):	Mean	=	8.3	
	Median	=	9.8	
	S.D.	=	3.5	
Occupation:	Type	Frequency	Adjusted	Percent
	Labourer	6		50
	Mechanic	2		17
	Hetrogeneous Other	4		33
Sentence Disposition:	Remanded:	7	=	58%
	Sentenced:	5	=	42
Charges:	Person:	3	=	25.0%
	Property:	5	=	41.7
	Morals:	1	=	8.3
	Order:	4	=	33.3
	Other:	2	=	16.7
Current Sentence (Months):				
Institution:	Mean	=	5.0	
	Median	=	3.5	
	S.D.	=	4.2	
Probation:	N/A	=	9	= 75%
	Yes	=	3	= 25
	\bar{x} Length	=	24.0	
	Median	=	24.0	
	S.D.	=	16.97	

Table A-2-1.5
Sault Ste. Marie Jail
Target Population Profile

N=10

Age (Years):	Mean	=	28.2	
	Median	=	27.5	
	S.D.	=	7.5	
Sex:	Male	=	9	= 90%
	Female	=	1	= 10
Marital Status:	Single:		4	= 40 %
	Common-Law:		3	= 30.0
	Divorced:		1	= 10.0
	Separated:		2	= 20.0
Education (Grade):	Mean	=	8.9	
	Median	=	8.5	
	S.D.	=	2.1	
Occupation:	Type	Frequency	Adjusted Percent	
	Labourer	5	50.0	
	Hetrogeneous Other	5	50.0	
Sentence Disposition:	Remanded:	10	= 100%	
Charges:	Person:	3	= 37.5%	
	Property:	7	= 87.5	
	Morals:	2	= 25.0	
	Order:	4	= 50.0	
	Drug:	1	= 12.5	
	Traffic:	1	= 12.5	
Current Sentence (Months):				
Institution:	Mean	=	24.0	
	Median	=	24.0	
	S.D.	=	12.0	
Probation:	N/A	=	4	= 40.0%
	Yes	=	6	= 60.0
	Statistics, Unknown			

Table A-2-1.6
 Timmins and Sudbury Probation and Parole
 Target Population Profile

N=6			
Age (Years):	Mean	= 29.3	
	Median	= 24.5	
	S.D.	= 15.1	
Sex:	Male	= 5 = 83%	
	Female	= 1 = 17	
Marital Status:	Single:	4 = 67.0%	
	Separated:	2 = 33.0%	
Education (Grade):	Mean	= 7.3	
	Median	= 8.5	
	S.D.	= 4.1	
Occupation:	Type	Frequency	Adjusted Percent
	Unknown	3	50.0
	Pension/Disability	2	33.3
	Miner	1	16.7
Sentence Disposition:	Remanded:	= 0	
	Sentenced:	= 10 = 100%	
Charges:	Person:	2 = 50.0%	
	Property:	1 = 25.0	
	Order:	1 = 25.0	
Current Sentences (Months):			
Institution:	Mean	= 3.3	
	Median	= 1.0	
	S.D.	= 3.3	
Probation:	Mean	= 18.0	
	Median	= 18.0	
	S.D.	= 9.3	

Table A-2-1.7
Sault Ste. Marie Probation and Parole
Target Population Profile

N=9			
Age (Years):	Mean	= 26.1	
	Median	= 27.8	
	S.D.	= 5.3	
Sex:	Male	= 5 = 56%	
	Female	= 4 = 44	
Marital Status:	Single:	5 = 56.0%	
	Married:	1 = 11.0	
	Common-Law:	1 = 11.0	
	Divorced:	1 = 11.0	
	Separated:	1 = 11.0	
Education (Grade):	Mean	= 9.3	
	Median	= 9.3	
	S.D.	= 2.1	
Occupation:	Type	Frequency	Adjusted Percent
	Unknown	2	22.0
	None, Chronically		
	Unemployed	2	22.0
	Hetrogeneous Other	5	56.0
Sentence Disposition:	Remanded:	1 = 11.0%	
	Sentenced:	8 = 89.0	
Charges:	Person:	1 = 11.1%	
	Property:	4 = 44.4	
	Morals:	1 = 11.1	
	Order:	5 = 55.6	
Current Sentence (Months):			
Institution:	N/A	= 6 = 66.7%	
	Yes	= 1 = 11.1	
	Unknown	= 2 = 22.2	
	\bar{x} Length	= 6.0 Months	
Probation:	Mean	= 31.5	
	Median	= 24.0	
	S.D.	= 9.2	

Table A-2-1.8
North Bay Probation and Parole
Target Population Profile

N=15

Age (Years):	Mean	= 23.9	
	Median	= 22.0	
	S.D.	= 7.1	
Sex:	Male	= 13 = 87%	
	Female	= 2 = 13	
Marital Status:	Single:	12 = 80.0%	
	Common-Law:	2 = 13.3	
	Separated:	1 = 6.7	
Education (Grade):	Mean	= 7.9	
	Median	= 8.4	
	S.D.	= 2.7	
Occupation:	Type	Frequency	Adjusted Percent
	Labourer	5	33.3%
	Unknown	4	26.7
	Hetrogeneous Other	6	40.0
Sentence Disposition:	Remanded:	3 = 20.0%	
	Sentenced:	11 = 73.3	
	Missing Info:	1 = 6.7	
Charges:	Person:	1 = 11.1%	
	Property:	5 = 55.6	
	Morals:	1 = 11.1	
	Order:	2 = 22.2	
	Liquor:	1 = 11.1	
Current Sentence (Months):			
Institution:	N/A	= 12 = 80.0%	
	Yes	= 3 = 20.0	
	\bar{x} Length	= 5.7 Months	
Probation:	Mean	= 22.2	
	Median	= 24.0	
	S.D.	= 10.14	

Table A-2-1.9
Fort Frances Probation and Parole
Target Population Profile

N=11

Age (Years):	Mean	= 26.3	
	Median	= 22.0	
	S.D.	= 9.2	
Sex:	Male	= 9 = 82%	
	Female	= 2 = 12	
Marital Status:	Single:	6 = 54.5%	
	Married:	4 = 36.4	
	Divorced:	1 = 9.1	
Education (Grade):	Mean	= 9.3	
	Median	= 9.1	
	S.D.	= 1.9	
Occupation:	Type	Frequency	Adjusted Percent
	None, Chronically		
	Unemployed	3	27.3
	Labourer	2	18.2
	Truck Driver	2	18.2
	Hetrogeneous Other	4	36.3
Sentence Disposition:	Remanded:	1 = 9.1%	
	Sentenced:	10 = 90.9	
Charges:	Person:	4 = 40.0%	
	Property:	5 = 50.0	
	Morals:	1 = 10.0	
	Order:	3 = 30.0	
	Drug:	1 = 10.0	
Current Sentence (Months):			
Institution:	N/A	= 8 = 72.7%	
	Yes	= 3 = 27.3	
	\bar{x} Length	= 15.7	
Probation:	Mean	= 17.1	
	Median	= 24.0	
	S.D.	= 9.64	

Table A-2-1.10
Kenora Probation and Parole
Target Population Profile

N=18

Age (Years):	Mean	=	22.7	
	Median	=	22.0	
	S.D.	=	5.1	
Sex:	Male	=	16	= 89%
	Female	=	2	= 11
Marital Status:	Single:		10	= 55.6%
	Married:		4	= 22.2
	Common-Law:		3	= 16.7
	Separated:		1	= 5.6
Education (Grade):	Mean	=	8.6	
	Median	=	8.8	
	S.D.	=	2.5	
Occupation:	Type		Frequency	Adjusted Percent
	None, Chronically			
	Unemployed		9	50.0
	Hetrogeneous Other		9	50.0
Sentence Disposition:	Remanded:		2	= 11.1%
	Sentenced:		16	= 88.9
Charges:	Person:		5	= 27.8%
	Property:		9	= 50.0
	Morals:		3	= 16.7
	Order:		5	= 27.8
Current Sentence (Months):				
Institution:	N/A	=	9	= 50.0%
	Yes	=	9	= 50.0
	\bar{x} Length	=	14.6	
Probation:	Mean	=	20.8	
	Median	=	18.0	
	S.D.	=	10.0	

Correctional and Mental Health History

Table A-1.2 and Tables A-2-2.1 to A-2-2.10 show the following:

Correctional History:

Prior Contact with Correctional System: (Grouped)

Seventy-six percent of the T.T., 73% of the C.I.T. and 70% of the C.P.P.T. have had prior contact with the correctional system.

(Individual) Percentages for prior contact with the correctional system were generally similar for individual targets, with Monteith Correctional Centre and Thunder Bay Correctional Centre both having notably higher percentages of 82% and 85% respectively. Only 30% of Sault Ste. Marie Jail clients had prior contact, the lowest reported percentage; however for another 30% of the Target prior contact was shown as "unknown". Sault Ste. Marie Probation and Parole had a more even split with 44% of the population having no prior contact and 56% having prior contact.

Prior Probation Contact: (Grouped) Fifty percent of the T.T. had prior probation, 84% of whom had two or less contacts with an overall Target mean length of 23.1 months (standard deviation = 16.0). A greater percentage of clients in the C.I.T. had prior probation than those in the C.P.P.T.

(Individual) Prior probation percentages and mean lengths are similar in the individual targets to the corresponding grouped targets. At Kenora and Thunder Bay Jail, however, one case, or 8% of the Target had prior probation with 58% of the Target "unknown." Sudbury, Haileybury and North Bay Jails show 85% with prior probation, 62% of whom have had one contact with an overall Target mean length of 22.5 months.

Prior Training School: (Grouped) Twelve percent of the T.T. has been in training school, 84% of whom have had two or less contacts with an overall Target mean length of 9.7 months (standard deviation =

16.6). Thirteen percent of the C.I.T. have been in training school, 86% of whom had two or less contacts with an overall Target mean length of 8.5 months (standard deviation = 6.5). Ten percent of the C.P.P.T. have been in training school, all of whom have had three or less contacts with an overall Target mean length of 4.5 months (standard deviation = 2.1).

(Individual) Individual institution targets had percentages with prior training school similar to the C.I.T. with the exception of Sudbury, Haileybury and North Bay Jails who have no one with prior training school.

Individual probation targets are more varied with North Bay Probation and Parole showing zero with prior training school; however, 28% of this Target are "unknown;" Timmins and Sudbury Probation and Parole also have zero while Kenora and Fort Frances Probation and Parole Targets have noticeably higher percentages. Eighteen percent of Fort Frances Probation and Parole Target had one prior training school contact with a mean length of 3.0 months. Seventeen percent of Kenora Probation and Parole had three contacts with training school, the mean length being 3.0 months.

Prior Jail: (Grouped) Forty-two percent of the T.T., 41% of the C.I.T. and 42% of the C.P.P.T. have had prior jail contact. The majority of clients in all targets had two or less contacts with those in the C.P.P.T. having spent less time in jail than those in the C.I.T.

(Individual) Seven of the individual targets are generally similar to corresponding grouped targets. Notably higher percentages are reported as follows: Seventy-seven percent of Sudbury, Haileybury and North Bay Jails had prior jail, 50% of whom were three or less contacts with an overall Target mean length of 18.0 months. Sixty-seven percent of North Bay Probation and Parole had prior jail,

67% of whom were two or less with an overall Target mean length of 6.0 months. Fifty-eight percent of Kenora and Thunder Bay Jails had prior jail, 50% of whom were three or less contacts with an overall Target mean length of 16.0 months.

Prior Correctional Centre Contact: (Grouped) Thirty-six percent of the T.T. had prior correctional centre contact. Thirty-seven percent of the C.I.T. had correctional centre contact, 76% of whom were two or less with an overall Target mean length of 18.0 months (standard deviation = 17.8), whereas 34% of the C.P.P.T. had prior correctional centre contact, with fewer and shorter contacts per client.

(Individual) With three exceptions, Individual Targets are similar to the Grouped Targets. Kenora and Thunder Bay Jails show only one or (8.3%) of the Target having prior correctional centre contacts but indicate an "unknown" for seven or 58%. A high 85% of Thunder Bay Correctional Centre had prior correctional centre contacts, 82% of whom were two or less with a mean length of 14.4 months. Forty-six percent of Fort Frances Probation and Parole (higher than the C.P.P.T.) had prior correctional centre contact, all of whom were two or less with a mean length of 16.0 months.

Prior Parole: (Grouped) Nine percent of the T.T. had parole, 75% of whom were on one occasion with an overall mean length of 10.6 months. Prior parole is similar for the C.I.T. and C.P.P.T. with C.I.T. clients having had longer parole terms.

(Individual) Prior parole percentages for individual targets are generally similar to those for the grouped targets with three exceptions: Sault Ste. Marie Probation and Parole and Timmins and Sudbury Probation and Parole have no clients with prior parole while Kenora and Thunder Bay Jails report the highest percentage of 17% with prior parole. However, this represents

Table A-1.2
Correctional and Mental Health History
(Grouped)

Correctional History																		
Count	Prior Contact			Prior Probation			Prior Training School			Prior Jail			Prior Correction Centre			Prior Parole		
Col PCT	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.
Missing	3	3		18	15	3	31	22	9	23	17	6	23	17	6	33	25	8
Data	2.2	4.0		13.4	20.0	5.1	23.1	29.3	15.3	17.2	22.7	10.2	17.2	22.7	10.2	24.6	33.3	13.6
No	30	13	17	35	14	21	67	28	39	45	19	26	48	18	30	73	29	44
	22.4	17.3	28.8	26.1	18.7	35.6	50.0	37.3	66.1	33.6	25.3	44.1	35.8	24.0	50.9	54.5	38.7	74.6
Yes	96	55	41	67	33	34	16	10	6	56	31	25	48	28	20	12	7	5
	71.6	73.3	69.5	50.0	43.0	57.6	11.9	13.3	10.2	41.8	41.3	42.4	35.8	37.3	33.9	9.0	9.3	8.5

Mental Health History																		
Count	Prior Contact			Prior Psychiatric Treatment			Prior Psychologist			Prior Counsellor			Prior Psychiatric Institution					
Col PCT	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.			
Missing	5	5		9	8	1	31	18	13	31	18	13	22	11	11			
Data	3.7	6.7		6.7	10.7	1.7	23.1	24.0	22.0	23.1	24.0	22.0	16.4	14.7	18.6			
No	42	27	15	54	30	24	58	36	22	58	36	22	65	37	28			
	31.5	36.0	25.4	40.3	40.0	40.7	43.3	48.0	37.3	43.3	48.0	37.3	48.5	49.3	47.5			
Yes	84	40	44	66	33	33	31	15	16	13	5	8	46	26	20			
	62.7	53.3	74.6	49.3	44.0	59.9	23.1	20.0	27.1	9.7	6.7	13.6	34.3	34.7	33.9			

Table A-2-2.1
Correctional and Mental Health History
Monteith Correctional Centre
N=27

Correctional History						
Count	Prior Contact	Prior Probation	Prior Training School	Prior Jail	Prior Correction Centre	Prior Parole
Col PCT						
Missing	1	4	8	7	7	9
Data	3.7	14.8	29.6	25.9	25.9	33.3
No	4	7	11	9	10	13
	14.8	25.9	40.7	33.3	37.0	48.1
Yes	22	13	4	9	8	1
	81.5	48.1	14.8	33.3	29.6	3.7
		75% = 1 contact \bar{x} 1. = 12.3 mo.	100% = 1 contact \bar{x} 1. = 10.8 mo.	88% \geq 2 contacts \bar{x} 1. = 7.3 mo.	71% \leq 2 contacts \bar{x} 1. = 21.5 mo.	100% = 1 contact \bar{x} 1. = 2 mo.
Unknown		3	4	2	2	4
or		11.1	14.8	7.4	7.4	14.8
N/A						

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100% Key: \bar{x} 1. = mean length of contact

Table A-2-2.2 .
 Correctional and Mental Health History
 Thunder Bay Correction Centre
 N=13

Count Col PCT	Correctional History					
	Prior Contact	Prior Probation	Prior Training School	Prior Jail	Prior Correction Centre	Prior Parole
Missing	1	5	5	5	1	7
Data	7.7	38.5	38.5	38.5	7.7	53.8
No	1	2	4	4	1	4
	7.7	15.4	30.8	30.8	7.7	30.8
Yes	11	6	2	3	11	2
	84.6	46.2	15.4	23.1	84.6	15.4
		100% ≤ 2 contacts \bar{x} 1. = 16 mo.	100% ≤ 2 contacts \bar{x} 1. = 8 mo.	100% ≤ 2 contacts \bar{x} 1. = 1 mo.	82% ≤ 2 contacts \bar{x} 1. = 14.4 mo.	100% = 1 contact \bar{x} 1. = 12 mo.
Unknown	0	0	2	1	0	0
or N/A			15.4	7.7		
	13					
	100%					

Table A-2-2.3
Correctional and Mental Health History
Kenora, Thunder Bay Jails
N=12

Correctional History						
Count	Prior	Prior	Prior	Prior	Prior	Prior
Col PCT	Contact	Probation	Training School	Jail	Correction Centre	Parole
Missing	0	1	1	0	1	1
Data	0.0	8.3	8.3	0.0	8.3	8.3
No	4	3	3	3	3	3
	33.3	25.0	25.0	25.0	25.0	25.0
Yes	8	1	2	7	1	2
	66.7	8.3	16.7	58.3	8.3	16.7
		100% = 4 contacts \bar{x} 1. = 12 mo.	100% = 1 contact \bar{x} 1. = 16 mo.	50% \leq 3 contacts \bar{x} 1. = 16 mo.	100% = 2 contacts \bar{x} 1. = 16 mo.	100% = 1 contact \bar{x} 1. = 7 mo.
Unknown	0	7	6	2	7	6
or	0.0	58.3	50.0	16.7	58.3	50.0
N/A						
	12					
	100%					

Table A-2-2.4
Correctional and Mental Health History
Sudbury, Haileybury, North Bay Jails
N=13

Correctional History						
Count	Prior	Prior	Prior	Prior	Prior	Prior
Col PCT	Contact	Probation	Training School	Jail	Correction Centre	Parole
Missing	0	1	4	1	4	4
Data	0.0	7.7	30.8	7.7	30.8	30.8
No	1	0	8	1	2	6
	7.7	0.0	61.5	7.7	15.4	46.2
Yes	11	11	0	10	6	1
	84.6	84.6	0.0	76.9	46.2	7.7
		62% = 1 contact \bar{x} 1. = 22.5 mo.		50% \leq 3 \bar{x} 1. = 18.0 mo.	80% \leq 3 contacts \bar{x} 1. = 10.4 mo.	100% = 1 contact \bar{x} 1. = 12.0 mo.
Unknown	1	1	1	1	1	2
or	7.7	7.7	7.7	7.7	7.7	15.4
N/A						
	13					
	100%					

Table A-2-2.5
Correctional and Mental Health History
Sault Ste. Marie Jail
N=10

Correctional History						
Count	Prior	Prior	Prior	Prior	Prior	Prior
Col PCT	Contact	Probation	Training School	Jail	Correction Centre	Parole
Missing	1	4	4	4	4	4
Data	10.0	40.0	40.0	40.0	40.0	40.0
No	3	2	2	2	2	3
	30.0	20.0	20.0	20.0	20.0	30.0
Yes	3	2	2	2	2	1
	30.0	20.0	20.0	20.0	20.0	10.0
		50% = 1 contact \bar{x} 1. = 24 mo.	100% \leq 2 contacts \bar{x} 1. = 10.5 mo.	100% $>$ 3 contacts \bar{x} 1. = 30 mo.	100% \leq 3 contacts \bar{x} 1. = 37.5 mo.	100% = 4 contacts \bar{x} 1. = 40.0 mo.
Unknown	3	2	2	2	2	2
or	30.0	20.0	20.0	20.0	20.0	20.0
N/A						
	10					
	100%					

Table A-2-2.6
 Correctional and Mental Health History
 Timmins and Sudbury Probation and Parole
 N=6

Correctional History						
Count	Prior	Prior	Prior	Prior	Prior	Prior
Col PCT	Contact	Probation	Training School	Jail	Correction Centre	Parole
Missing			3	2	2	4
Data			50.0	33.3	33.3	66.7
No	2	2	3	2	2	2
	33.3	33.3	50.0	33.3	33.3	33.3
Yes	4	4	0	2	2	0
	66.7	66.7	0.0	33.3	33.3	0.0
		75% = 1 contact \bar{x} 1. = 11.0 mo.		100% = 1 contact \bar{x} 1. = 1 mo.	100% = 1 contact \bar{x} 1. = 5.0 mo.	
Unknown						
or						
N/A						

6
100%

Table A-2-2.7
 Correctional and Mental Health History
 Sault Ste. Marie Probation and Parole
 N=9

Count Col PCT	Correctional History					
	Prior Contact	Prior Probation	Prior Training School	Prior Jail	Prior Correction Centre	Prior Parole
Missing	0	0	0	0	0	0
Data	0.0	0.0	0.0	0.0	0.0	0.0
No	4 44.4	4 44.4	7 77.8	6 66.7	7 77.8	8 88.9
Yes	5 55.6	5 55.6	1 11.1	2 22.2	1 11.1	0 0.0
		100% ≤ 2 contacts \bar{x} 1. = 26.4 mo.		100% ≤ 3 contacts		
Unknown	0		1	1	1	1
or	0.0		11.1	11.1	11.1	11.1
N/A						
	9 100%					

Table A-2-2.8
Correctional and Mental Health History
North Bay Probation and Parole
N=15

Correctional History						
Count	Prior	Prior	Prior	Prior	Prior	Prior
Col PCT	Contact	Probation	Training School	Jail	Correction Centre	Parole
Missing		3	3	1	2	1
Data		20.0	20.0	6.7	13.3	6.7
No	2	2	8	3	6	10
	13.3	13.3	53.3	20.0	40.0	66.7
Yes	12	9		10	5	3
	80.0	60.0		66.7	33.3	20.0
		75% ≥ 2		67% ≤ 2	75% = 1	67% = 1
		contacts \bar{x} 1.		contacts \bar{x} 1.	contact \bar{x} 1.	contact \bar{x} 1.
		= 20.5 mo.		= 6.0 mo.	= 11.6 mo.	= 4.0 mo.
Unknown	1	1	4	1	2	1
or	6.7	6.7	26.7	6.7	13.3	6.7
N/A						
15						
100%						

Table A-2-2.9
Correctional and Mental Health History
Fort Frances Probation and Parole
N=11

Count Col PCT	Correctional History					
	Prior Contact	Prior Probation	Prior Training School	Prior Jail	Prior Correction Centre	Prior Parole
Missing Data			3 27.3	3 27.3	2 18.2	3 27.3
No	4 36.4	5 45.5	6 54.5	5 45.5	4 36.4	7 63.6
Yes	7 63.6	6 54.5 100% ≤ 3 contacts \bar{x} 1. = 32.0 mo.	2 18.2 100% = 1 contact \bar{x} 1. = 3 mo.	3 27.3 68% = 1 contact \bar{x} 1. = 2.0 mo.	5 45.5 100% ≤ 2 contacts \bar{x} 1. = 16.0 mo.	1 9.1 100% = 1 contact length unknown
Unknown or N/A	11 100%					

Table A-2-2.10
 Correctional and Mental Health History
 Kenora Probation and Parole
 N=18

Count Col PCT Missing Data	Correctional History					
	Prior Contact	Prior Probation	Prior Training School	Prior Jail	Prior Correction Centre	Prior Parole
No	5 27.8	8 44.4	15 83.3	10 55.6	11 61.1	17 94.4
Yes	13 72.2	10 55.6	3 16.7	8 44.4	7 38.9	1 5.6
		78% ≤ 2 contacts \bar{x} 1. = 18.0 mo.	100% = 3 contacts \bar{x} 1. = 6 mo.	60% ≤ 2 contacts \bar{x} 1. = 3.0 mo.	80% = 1 contact \bar{x} 1. = 3.7 mo.	100% = 1 contact \bar{x} 1. = 4.0 mo.
Unknown or N/A	18 100%					

only two cases and another six, or 50% of the Target are "unknown."

Mental Health History: Table A-1.2 shows "Grouped" results and Tables A-2-2.11 to 2.15 show "Individual" results with detailed supporting tables in Appendix E.

Prior Contact with Mental Health System: (Grouped) Sixty-three percent of the T.T., 53% of the C.I.T. and 75% of the C.P.P.T. have had prior contact with the Mental Health System.

(Individual) Similar percentages are reported for the Individual Targets which generally follow the trend with Probation and Parole Targets reporting higher percentages.

Prior Psychiatric Treatment: (Grouped) Forty-nine percent of the T.T., 44% of the C.I.T. and 60% of the C.P.P.T. have had psychiatric treatment. However, a greater percentage of the clients in the C.I.T. had more contacts for longer periods than the C.P.P.T.

(Individual) Sault Ste. Marie Jail shows a low 20% (two cases) of its Target having had psychiatric treatment, however, another 20% are shown as "Unknown." Fifty-eight percent of the Kenora and Thunder Bay Jails Target (14% more than the C.I.T.) have had psychiatric treatment, 67% of whom have had three or less contacts with an overall mean of 28.5 months. Sixty-two percent of Sudbury, Haileybury and North Bay Jails Target (18% higher than the C.I.T.) have had psychiatric treatment, 50% of whom have had three or less contacts with an overall treatment length mean of 23.9 months.

Prior Contact with Psychologist and/or Counsellor: (Grouped) Twenty-three percent of the T.T. have seen a psychologist while 10% have seen a counsellor. Twenty percent of the C.I.T. have seen a psychologist, 7% have seen a counsellor. A higher 27% of the C.P.P.T. have seen a psychologist and 14% have seen a counsellor.

(Individual) All of the individual targets follow the

percentage pattern for the grouped target, that is, higher numbers having prior contact with psychologists than counsellors. The percentage for individual institution and probation and parole targets also reflect their grouped percentages except for the Kenora Probation and Parole Target where 33% (6% higher than C.P.P.T.) have been treated by a psychologist and 28% by a counsellor (14% more than C.P.P.T.).

Prior Psychiatric Institution Care: (Grouped) Thirty-four percent of the T.T., 34% of the C.I.T. and 34% of the C.P.P.T. had psychiatric institution care. However, clients in the C.P.P.T. were provided with psychiatric institution care on fewer occasions with shorter lengths of treatment.

(Individual) Notable differences to the grouped percentages are at: Kenora and Thunder Bay Jails where 58% of the target has had psychiatric institution care, for somewhat longer periods of treatment; Sudbury, Haileybury and North Bay Jails where 62% of the target have had psychiatric institution care and Timmins and Sudbury Probation and Parole where 50% had psychiatric institution treatment care, 50% of whom were for one contact with an overall length of 1.0 month.

Table A-2-2.11
Correctional and Mental Health History
Sault Ste. Marie Jail
N=10

Mental Health History					
Count	Prior	Prior	Prior	Prior	Prior
Col PCT	Contact	Psychiatric Treatment	Psychologist	Counsellor	Psychiatric Institution
Missing	4	5	7	7	7
Data	40.0	50.0	70.0	70.0	70.0
No	1	1	1	1	1
	10.0	10.0	10.0	10.0	10.0
Yes	3	2	2	0	2
	30.0	20.0	20.0	0.0	20.0
		50% = 1 contact \bar{x} 1. = 9.5 mo.	100% = 1 contact \bar{x} 1. = 9.5 mo.		100% = 1 contact \bar{x} 1. = 20 mo.
Unknown	2	2	0	2	0
or	20.0	20.0	0.0	20.0	0.0
N/A					
	10				
	100%				

Table A-2-2.12
Correctional and Mental Health History
Kenora, Thunder Bay Jails

N=12

Mental Health History

Count	Prior	Prior	Prior	Prior	Prior
Col PCT	Contact	Psychiatric Treatment	Psychologist	Counsellor	Psychiatric Institution
Missing	0	0	1	1	0
Data	0.0	0.0	8.3	8.3	0.0
No	3	3	6	6	4
	25.0	25.0	50.0	50.0	33.3
Yes	8	7	2	3	7
	66.7	58.3	16.7	25.0	58.3
		67% ≤ 3 contacts \bar{x} 1. = 28.5 mo.	67% = 1 contact \bar{x} 1. = 6 mo.		83% ≤ 3 contacts \bar{x} 1. = 27.5 mo.
Unknown	1	2	3	2	1
or	8.3	16.7	25.0	16.7	8.3
N/A					
	12				
	100%				

Table A-2-2.13
Correctional and Mental Health History
Sudbury, Haileybury, North Bay Jails
N=13

Mental Health History					
Count	Prior	Prior	Prior	Prior	Prior
Col PCT	Contact	Psychiatric Treatment	Psychologist	Counsellor	Psychiatric Institution
Missing	1	2	5	5	2
Data	7.7	15.4	38.5	38.5	15.4
No	3	3	2	2	3
	23.1	23.1	15.4	15.4	23.1
Yes	9	8	4	1	8
	69.2	61.5	30.8	7.7	61.5
		50% 3 contacts \bar{x} 1. = 23.9 mo.	66% 3 contacts \bar{x} 1. = 4.3 mo.		60% 2 contacts \bar{x} 1. = 22.7 mo.
Unknown	0	0	2	5	0
or	0.0	0.0	15.4	38.5	0.0
N/A					
	13				
	100%				

Table A-2-2.1A
 Correctional and Mental Health History
 Kenora Probation and Parole
 N=18

Count Col PCT Missing Data	Mental Health History				
	Prior Contact	Prior Psychiatric Treatment	Prior Psychologist	Prior Counsellor	Prior Psychiatric Institution
No	7 38.9	10 55.6	7 38.9	7 38.9	14 77.8
Yes	11 61.1	8 44.4 80% ≤ 2 contacts \bar{x} 1. = 4.0 mo.	6 33.3 67% ≥ 3 contacts \bar{x} 1. = 13.5 mo.	5 27.8	4 22.2 67% ≥ 3 contacts \bar{x} 1. = 1 mo.
Unknown or N/A			5 27.8	6 33.3	
	18 100%				

Table A-2-2.15
 Correctional and Mental Health History
 Timmins and Sudbury Probation and Parole
 N=6

Mental Health History					
Count	Prior	Prior	Prior	Prior	Prior
Col PCT	Contact	Psychiatric Treatment	Psychologist	Counsellor	Psychiatric Institution
Missing			4	4	3
Data			66.7	66.7	50.0
No			1	1	
			16.7	16.7	
Yes	6	6	1	0	3
	100.0	100.0	16.7	0.0	50.0
		100% = 2 contacts \bar{x} 1. = 6.3 mo.			50% = 1 contact \bar{x} 1. = 1.0 mo.
Unknown				1	
or				16.7	
N/A					
	6				
	100%				

Mental Health Treatment History: Tables A-1.3 and A-2-3.1 and 3.2 show the following:

Problem Treated: (Grouped) Data for 72 valid cases or 54% of the T.T. show that in the T.T., Interpersonal Problems ranked as those which had been treated most often (54%), followed by Alcohol (51%), Social (45%) and Family (43%). Drug and Severe Psychiatric Problems had been treated the least. In the C.I.T., Interpersonal (49%) and Alcohol (49%) Problems had been treated most, with Severe Psychiatric (46.2%) and Drug (33.3%) ranked next. Family and Social Problems had been treated the least. In the C.P.P.T., Social Problems (66%) ranked as having been treated most, followed by Family (61%) and Interpersonal (59%) Problems. Alcohol and Drug were ranked next and the problem treated the least was Severe Psychiatric (30%).

(Individual) Data are available for as few as 10% of the individual targets (Kenora Jail) and as many as 78% (Sault Ste. Marie Probation and Parole). Based on 80 valid cases individual Probation and Parole Targets generally had clients with problems treated spreading evenly across the six problem categories: Interpersonal, Family, Social, Drug, Alcohol and Severe Psychiatric; whereas individual institution targets showed clients clustering around problem categories. The following are notable: Alcohol and Severe Psychiatric Problems showed the highest ranking in two individual institution targets: Monteith Correctional Centre (55% and 55%); Thunder Bay Correctional Centre (63% and 63%). Severe Psychiatric was highest at Kenora and Thunder Bay Jails (43%), with Drug Problems sharing the ranking (43%). Alcohol, Drug and Severe Psychiatric Problems received high rankings also in these individual probation and parole targets: Timmins and Sudbury; Sault Ste. Marie and Kenora where notably high percentages of 73% were shown for Drug and Alcohol Problems having been treated.

Eighty-two percent of the clients in Sudbury, Haileybury and North Bay Jails had been treated for Interpersonal Problems, ranked the highest, followed by Alcohol (55%), Family (46%) and Social (46%). Similarly at Sault Ste. Marie and North Bay Probation and Parole Interpersonal Problems ranked highest with percentage of clients treated for that problem being, respectively, 57% and 100%. Notably high percentages for Family and Social Problems are North Bay Probation and Parole (80% and 90%), whereas at Kenora Jail neither Family nor Social Problems had been treated for the seven known cases; rather Problems Treated were spread evenly across Interpersonal (47%), Drug (43%) and Severe Psychiatric (43%).

Treatment Provided: (Grouped) Data for 72 valid cases are available for a total of eight Treatment Provided categories: Inpatient Individual Counselling; Inpatient Group Therapy; Inpatient Family Counselling; Inpatient Chemotherapy; Outpatient Individual Counselling; Outpatient Group Therapy; Outpatient Family Counselling; Outpatient Chemotherapy.

In the T.T., Individual Counselling, both Outpatient (58%) and Inpatient (56%) ranked as the treatment provided most. Inpatient Group Therapy and Inpatient Chemotherapy ranked third and fourth. In-and-Outpatient Family Counselling Treatment was provided the least.

In the C.I.T., Inpatient Individual Counselling ranked a high first, provided to 74% of the Target. Inpatient Group Therapy and Inpatient Chemotherapy ranked next. In-and-Outpatient Family Counselling were the least often provided treatments.

In the C.P.P.T. Outpatient Individual Counselling ranked a high 73%, followed by Inpatient Individual Counselling. All other types of treatment were provided, but to considerably fewer clients.

(Individual) In three of the individual institution targets Treatment Provided rankings and percentages are more similar to their

corresponding C.I.T. than other individual institutions and the individual probation targets follow only the general trend of their C.P.P.T.

Monteith Correctional Centre is similar to the C.I.T. except that a lower percentage of clients have received Inpatient Chemotherapy (38%) compared to (55%) and a higher percent have received Outpatient Chemotherapy (38%) compared to (29%) for the C.I.T. At Thunder Bay Correctional Centre the opposite holds, with 13% of the clients having received Outpatient Chemotherapy and 63% having received Inpatient Chemotherapy. Sudbury, Haileybury and North Bay Jails is generally similar to the C.I.T. except that a lower percentage of clients (38%) have received Inpatient Chemotherapy, a higher percentage (63%) have received Outpatient Chemotherapy and the clients in this Target have also received a higher percentage of Inpatient Individual and Inpatient Group Therapy. Kenora and Thunder Bay Jail clients have all received Inpatient Chemotherapy, with Inpatient (60%) and Outpatient (20%) Individual Counselling having been the only Treatment Provided along with Chemotherapy. At Sault Ste. Marie Jail, loading on three of the eight possible treatment categories occurs with 100% of the clients having been provided with Inpatient Individual Counselling and Inpatient Group Therapy and 50% having received Inpatient Chemotherapy.

Timmins and Sudbury Probation and Parole clients have received Inpatient Individual and Group and Outpatient Individual Counselling with the only other treatment being Chemotherapy, In-and-Outpatient (17%). Sault Ste. Marie Probation and Parole clients have received four treatment categories: In-and-Outpatient Individual Counselling (33% and 100%) and In-and-Outpatient Group Therapy (17% and 33%). North Bay Probation and Parole Target has received all Treatments except Chemotherapy with 36% of the clients having received Inpatient Family Counselling, 22% more than the C.P.P.T.

Fort Frances Probation and Parole clients have all received Outpatient Individual Counselling and 25% have received Outpatient Chemotherapy. None have received Inpatient Group Therapy or Inpatient Family Counselling. None of the Kenora Probation and Parole Target have received Inpatient Chemotherapy; all other treatments have been provided to clients in the Target, with Outpatient Individual Counselling having been provided to 80%.

Table A-1.3
Mental Health Treatment History
Problem Treated
(Grouped)

T.T. N=134 (80 valid cases) C.I.T. N=75 (39 valid cases) C.P.P.T. N=59 (41 valid cases)

	Percent	Ranked	Percent	Ranked	Percent	Ranked
Interpersonal	53.8%	1	48.7%	1	58.5%	3
Family	42.5	4	23.1	4	60.9	2
Social	45.0	3	23.1	4	65.9	1
Drug	41.3	5	33.3	3	48.8	5
Alcohol	51.3	2	48.7	1	53.7	4
Severe Psychiatric	37.5	6	46.2	2	29.3	6

Treatment Provided

	Percent	Ranked	Percent	Ranked	Percent	Ranked
<u>Inpatient</u>						
Individual Counselling	55.6%	2	74.2%	1	41.5%	2
Group Therapy	37.5	3	58.1	2	21.9	3
Family Counselling	12.5	8	12.9	6	12.2	5
Chemotherapy	26.4	4	54.8	3	4.9	6
<u>Outpatient</u>						
Individual Counselling	58.3	1	38.7	4	73.2	1
Group Therapy	20.8	5	29.0	5	14.6	4
Family Counselling	13.9	7	12.9	6	14.6	4
Chemotherapy	19.4	6	29.0	5	12.2	5

Table A-2-3.1
Mental Health Treatment History
Problem Treated
(Individual)

Institution/Field Office													
Count	Monteith		T.B.		Sud. Hail.		Kenora			S.S. Marie		Timmins	
Col PCT	C.C.	R.	C.C.	R.	N.B.	Jail R.	T.B.	Jail	R.	Jail	R.	Sud.	P&P R.
<u>Problem</u>													
Interpersonal			5	1	9	1	3	1		2	1	1	2
			62.5		81.8		42.9			100.0		16.7	
Family			3	2	5	3				1	2	3	1
			37.5		45.5					50.0		50.0	
Social			3	2	5	3				1	2	3	1
			37.5		45.5					50.0		50.0	
Drug	4	2	2	2	4	4	3	1				2	2
	36.4		25.0		36.4		42.9					33.3	
Alcohol	6	1	5	1	6	2	2	2				3	1
	54.5		62.5		54.5		78.6					50.0	
Severe	6	1	5	1	4	4	3	1				2	2
Psychiatric	54.5		62.5		36.4		42.9					33.3	
Column	11		8		11		7			2		6	
Total	13.8		10.0		13.8		8.8			2.5		7.5	
N	27		13		13		12			10		6	

(80 valid cases 54 cases missing)

Table A-2-3.1 (Continued)
Mental Health Treatment History
Problem Treated
(Individual)

Count Col PCT <u>Problem</u>	Institution/Field Office								Row Total
	S.S. Marie P&P R.		N.B. P&P R.		Fort Frances P&P R.		Kenora P&P R.		
Interpersonal	4 1		10 1		5 2		4 4		43
	57.1		100.0		71.4		36.4		53.8
Family	3 2		8 3		6 1		5 3		34
	42.9		80.0		85.7		45.5		42.5
Social	3 2		9 2		6 1		6 2		36
	42.9		90.0		85.7		54.5		45.0
Drug	3 2		4 5		3 3		8 1		33
	42.9		40.0		42.9		72.7		41.3
Alcohol	3 2		5 4		3 3		8 1		41
	42.9		50.0		42.9		72.7		51.3
Severe	1 3		2 6		2 4		5 3		30
Psychiatric	14.3		20.0		28.6		45.5		37.5
Column	7		10		7		11		80
Total	8.8		12.5		8.8		13.8		100.0
N	9		15		11		18		

(80 valid cases 54 cases missing)

Table A-2-3.2
Treatment Provided
(Individual)

Count	Monteith		T.B.		Sud. Hail.			Kenora			S.S. Marie		Timmins			
Col PCT	C.C.	R.	C.C.	R.	N.B.	Jail	R.	T.B.	Jail	R.	Jail	R.	Sud.	P&P	R.	
Inpatient	5	1	6	1		7	1		3	2		2	1		3	1
Individual Counselling	62.5		75.0			87.5			60.0			100.0			50.0	
Inpatient	4	2	5	2		7	1					2	1		1	2
Group Therapy	50.0		62.5			87.5						100.0			16.7	
Inpatient	1	4	1	5		2	4									
Family Counsel	12.5		12.5			25.0										
Inpatient	3	3	5	2		3	3		5	1		1	2		1	2
Chemotherapy	37.5		62.5			37.5			100.0			50.0			16.7	
Outpatient	4	2	3	3		4	2		1	3					3	1
Individual Counselling	50.0		37.5			50.0			20.0						50.0	
Outpatient	4	2	2	4		3	3									
Group Therapy	50.0		25.0			37.5										
Outpatient	1	4	1	5		2	4									
Family Counsel	12.5		12.5			25.0										
Outpatient	3	3	1	5		2	4		3	2					1	2
Chemotherapy	37.5		12.5			25.0			60.0						16.7	
Column	8		8			8			5			2			6	
Total	11.1		11.1			11.1			6.9			2.8			8.3	

(72 valid cases 62 cases missing)

Table A-2-3.2 (Continued)

Treatment Provided

(Individual)

Count	S.S. Marie		N.B.		Fort Frances		Kenora		Row
Col PCT	P&P	R.	P&P	R.	P&P	R.	P&P	R.	Total
Inpatient	2	2	9	1	1	3	2	3	40
Individual Counselling	33.3		81.8		12.5		20.0		55.6
Inpatient	1	3	5	2			2	3	27
Group Therapy	16.7		45.5				20.0		37.5
Inpatient			4	3			1	4	9
Family Counsel			36.4				10.0		12.5
Inpatient					1	3			19
Chemotherapy					12.5				26.4
Outpatient	6	1	5	2	8	1	8	1	47
Individual Counselling	100.0		45.5		100.0		80.0		58.3
Outpatient	2	2	1	5	1	3	2	3	15
Group Therapy	33.3		9.1		12.5		20.0		20.8
Outpatient			2	4	1	3	3	2	10
Family Counsel			18.2		12.5		30.0		13.9
Outpatient					2	2	2	3	
Chemotherapy					25.0		20.0		
Column	6		11		8		10		72
Total	8.3		15.3		11.1		13.9		100.0

(72 valid cases 62 cases missing)

B. Mental Health Service

Intervention Identified and Source of Identification: Tables B-1.1 and B-2-1.1 and 1.2 show the following: (Grouped) Of the T.T. 35% were identified for Assessment, 24% for Treatment and 41% for Assessment and Treatment. There were multiple identifying sources per client (ratio = 1.7:1) as for 132 clients there were 218 identifying sources. For 33% of the Target, the Client was involved in his/her own identification. In total, the Court was an identifying source for 63% of the Target. It recommended treatment as a condition of sentence for 24% of the Target; identified 19% for assessment prior to sentencing; 17% for assessment of suitability to stand trial and in three cases (2%) the Court ordered assessment of bail suitably. Institution staff identified 24% of the Target and Probation staff identified 17%. Identification by "Other" sources occurred for 23% of the Target.

Of the C.I.T. 37% were identified for Assessment, 28% for Treatment and 35% for Assessment and Treatment. There were multiple identifying sources per client (ratio = 1.5:1) as for 73 clients there were 110 identifying sources. For 40% of the C.I.T. the Client was involved in his/her own identification. In total, the Court was an identifying source for 48% of this Target. It recommended treatment as a condition of sentence for 15% of the Target; identified 21% for assessment of suitability to stand trial; 10% for assessment prior to sentencing and in two cases (2.7%) ordered assessment of bail suitably. Institution staff identified 37% of the Target and "Other" sources identified 21%.

Of the C.P.P.T. 32% were identified for Assessment, 19% for Treatment and 49% for Assessment and Treatment. There were multiple identifying sources per client (ratio = 1.8:1) as for 59 clients there were 108 identifying sources. For 24% of the C.P.P.T. the

Client was involved in his/her own identification. In total, the Court was an identifying source for 81% of this Target. It recommended treatment as a condition of sentence for 36%; identified 31% for assessment prior to sentencing; 14% for assessment of suitability to stand trial and for one case (1.7%) ordered assessment of bail suitably. Probation staff identified 34% of the Target and "Other" sources identified 25%.

(Individual) Individual Institution targets are unique in Intervention Identified and Source of Identification with the exception of Thunder Bay Correctional Centre where the Intervention Identified breaks down more closely to the C.I.T., however here too, Identifying Sources varies from the C.I.T. At Thunder Bay Correctional Centre the Court (31%) is not as involved as an identifying source, when It is, It identifies clients by recommending treatment as a condition of sentence (23%). Clients are involved in their own identification to an extent of 39%, similar to the C.I.T. (40%); however staff was an identifying source for 77% of the Target, the greatest reported involvement of staff in client identification.

At Monteith Correctional Centre Treatment as an intervention was most common with 44% of the Target identified for Treatment and 52% identified for Assessment and Treatment. The role of the Court as an Identifying Source was down (35%) from the C.I.T. (48%) and the Client was an Identifying Source for 77% of the Target, the highest reported involvement of the Client in his/her own identification. Staff (27%) and "Other" (15%) were down from the C.I.T.

At Sudbury, Haileybury and North Bay Jails a high percentage (62%) of the Target was identified for Assessment: this is 24% greater than that for the C.I.T. The Court, as an Identifying Source (54%) was up from the C.I.T. (48%), and Probation Staff were

an Identifying Source for 15% of the Target. This is the only institution Target where Probation Staff were reported as an Identifying Source. "Other" sources (39%) were also involved in identifying this Target, more than in any other Institution target and the C.I.T. (21%).

At Kenora and Thunder Bay Jails 50% of the Target was identified for Assessment, 21% higher than the C.I.T. Seventeen percent were identified for Treatment, down 11% from the C.I.T. and 25% were Identified for Assessment and Treatment.

The Court (58%), Institution Staff (33%) and "Other" sources (17%) were the prime Sources of Identification.

At Sault Ste. Marie Jail 80% were identified for Assessment and the remaining 20% were identified for Assessment and Treatment. None of the Target was identified for Treatment. The Court was a source of Identification for a total of 89% of the Target: It identified 67% for Assessment of suitability to stand trial. Institution Staff and the client's Legal Counsellor were the other Identifying Sources.

At Sault Ste. Marie Probation and Parole, treatment was the primary intervention identified (78%) with 22% identified for Treatment alone and 56% for Assessment and Treatment. The total (78%) is 10% higher than for the C.P.P.T. The Court was an Identifying Source for 44% of the Target, recommending treatment as a condition of sentence. Self identification occurred for 33% of the Target and Probation Staff and "Other" each identified 28% of the Target.

Of the North Bay Probation and Parole Target, 53% were identified for Assessment, zero were identified for Treatment and 47% were identified for Assessment and Treatment. The Court was the primary Source of Identification: It ordered an assessment of

suitability to stand trial for 13% of the Target; assessment of suitability for bail for one client; an assessment prior to sentencing for 60% and It recommended treatment as a condition of sentence for 27% of the Target. All other Sources of Identification were involved with this Target and it is notable that Institution Staff were an identifying source for 20% of the Target. This is the greatest of two reported involvements of Institution Staff as Identifying Sources in Probation Targets.

At Fort Frances Probation and Parole, Treatment is the primary intervention identified for the Target. Forty-six percent were identified for Treatment and 36% for Assessment and Treatment. The Court identified all clients in this Target and recommended treatment as a condition of sentence or ordered assessment of suitability to stand trial (9%) assessment prior to sentencing (18%). Probation Staff were also an Identifying Source for 27% of the Target, the second highest reported Probation Staff involvement as an Identifying Source.

Of the Kenora Probation and Parole Target 39% were identified for Assessment, 51% for Assessment and Treatment and one case (6%) for Treatment. In total the Court was an Identifying Source for 78% of the Target: It ordered assessment of suitability to stand trial for 28%; assessment prior to sentencing for 39% and recommended treatment as a condition of sentence for 11% of the Target. Probation Staff were an Identifying Source for 61% of the Target and "Other" sources for 39%.

Behaviours Resulting in Identification: Tables B-1.2 and B-2.1 and 2.2 present the data for 124 valid cases showing the client behaviours which resulted in identification for Mental Health Service Intervention. The behaviours list includes: Disordered patterns of thought or speech; Disorientation as to time and space;

Table B-1.1
Mental Health Service
(Grouped)

	T.T. N=134		C.I.T. N=75		C.P.P.T. N=59	
<u>Intervention Identified:</u>						
Assessment:	35.1%		37.3%		32.2%	
Treatment:	23.9		28.0		18.6	
Assessment and Treatment	41.0		34.6		49.2	
	(132 valid cases)	Ranked	(73 valid cases)	Ranked	(59 valid cases)	Ranked
<u>Identified By:</u>						
Court: Suitability to Stand Trial:	17.4%	6	20.5%	3	13.6%	6
Court: Suitability for Bail:	2.3	9	2.7	6	1.7	9
Court: Pre-sentence Assessment:	18.9	5	9.6	5	30.5	3
Court: As Condition of Sentence:	24.2	2	15.1	4	35.6	1
Self:	32.6	1	39.7	1	23.7	5
Counsel:	6.8	8	2.7	6	11.9	7
Institution Staff:	23.5	3	36.9	2	6.8	8
Probation Staff:	16.7	7	2.7	6	33.9	2
Other:	22.7	4	20.5	3	25.4	4

Table B-2-1.1
Mental Health Service
Intervention and Identifying Source
(Individual)

	Monteith	T.B.	Sud., Hail.	Kenora	S.S. Marie	Timmins	S.S. Marie
<u>Intervention Identified</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P	P&P
Assessment	1	4	8	7	8		2
	3.7	30.8	61.5	58.3	80.0		22.2
Treatment	12	4	3	2		3	2
	44.4	30.8	23.1	16.7		50.3	22.2
Assessment and	14	5	2	3	2	3	5
Treatment	51.9	38.5	15.4	25.0	20.0	50.0	55.6
Column	27	13	13	12	10	6	9
Total	20.1	9.7	9.7	9.0	7.5	4.5	6.7
<u>Identified By:</u>							
Court:	1	1	4	3	6		
Suitability Stand Trial	3.8	7.7	30.8	25.0	66.7		
Court:			1		1		
Suitability Bail Super			7.7		11.1		
Court:	1		2	3	1		
Pre-Sentence	3.8		15.4	25.0	11.1		

Table B-2-1.1 (Continued)
Mental Health Service
Intervention and Identifying Source
(Individual)

Identified By:	Monteith C.C.	T.B. C.C.	Sud., Hail. N.B. Jail	Kenora T.B. Jail	S.S. Marie Jail	Timmins Sud. P&P	S.S. Marie P&P
Court:	7	3		1	0		4
As Condition Sentence	26.9	23.1		8.3			44.4
Self	20	5	4			3	3
	76.9	38.5	30.8			50.3	33.3
Counsel				1	1		2
				8.3	11.1		22.2
Institution	7	10	4	4	2		
Staff	26.9	76.9	30.8	33.3	22.2		
Probation			2			1	2
Staff			15.4			16.7	22.2
	4	4	5	2		3	2
Other	15.4	30.8	38.5	16.7		50.0	22.2
Column	26	13	13	12	9	6	9
Total	19.7	9.8	9.8	9.1	6.8	4.5	6.8

(132 valid cases 2 cases missing)

Table B-2-1.2
Mental Health Service
Intervention and Identifying Source
(Individual)

	N.B.	Fort Frances	Kenora	Row
<u>Intervention Identified</u>	P&P	P&P	P&P	Total
Assessment	8	2	7	47
	53.3	18.2	38.9	35.1
Treatment		5	1	32
		45.5	5.6	23.9
Assessment and	7	4	10	55
Treatment	46.7	36.4	55.6	41.0
Column	15	11	18	134
Total	11.2	8.2	13.4	100.0
<u>Identified By:</u>				
Court:	2	1	5	23
Suitability Stand Trial	13.3	9.1	27.8	17.4
Court:	1			3
Suitability Bail Super	6.7			2.3
Court:	9	2	7	25
Pre-Sentence	60.0	18.2	38.9	18.9

Table B-2-1.2 (Continued)
Mental Health Service
Intervention and Identifying Source
(Individual)

<u>Identified By:</u>	N.B. P&P	Fort Frances P&P	Kenora P&P	Row Total
Court:	4	11	2	32
As Condition Sentence	26.7	100.0	11.1	24.2
Self	2	2	4	43
	13.3	18.2	22.2	32.6
Counsel	3	2		9
	20.0	18.2		6.8
Institution	3	1		31
Staff	20.0	9.1		23.5
Probation	3	3	11	22
Staff	20.0	27.3	61.1	16.7
	2	1	7	30
Other	13.3	9.1	38.9	22.7
Column	15	11	18	152
Total	11.4	8.3	13.6	100.0

(132 valid cases 2 cases missing)

Withdrawn/Depressed; Aggressive/Hostile; Tremendous Mood Swings; Experiencing Hallucinations/Delusions; Suicide attempt(s); and "Other." On analysis, "Other" was reported often, so a content analysis of "Other," as specified in the raw data, was undertaken and is detailed in Appendix G).

(Grouped) In the T.T. 124 clients were identified as a result of 311 reported behaviours, ratio of 2.5:1. Aggressive/Hostile behaviours was reported most, representing 48% of the Target, followed by "Other" (45%), Tremendous Mood Swings (35%) and Withdrawn/Depressed (33%). Next, 28% of the Target were identified for Disordered patterns of thought or speech, 23% for Attempt suicide and 19% for each of Disorientation as to time and space and Experiencing Hallucinations/Delusions.

In the C.I.T. 65 clients were identified as a result of 151 reported behaviours, a ratio of 2.3:1. Forty-eight percent of the Target were identified for "Other" behaviours, 40% for Aggressive/Hostile behaviours, 35% for Withdrawn/Depressed, and 29% for Disordered patterns of thought or speech. Twenty-eight percent were identified for Tremendous Mood Swings, 20% for Suicide attempt(s) and 17% for Disorientation as to time and space.

In the C.P.P.T. 59 clients were identified as a result of 160 reported behaviours, a ratio of 2.7:1. Fifty-six percent of the Target were identified for Aggressive/Hostile behaviours, 42% for Tremendous Mood Swings, 42% for "Other" behaviours, 31% for Withdrawn/Depressed, 27% for Disordered patterns of thought or speech and 27% for Attempt suicide. Twenty-four percent were identified for Experiencing Hallucinations/Delusions and 22% for Disorientation as to time and space.

(Individual) At Monteith Correctional Centre a high 73% of the clients were identified for "Other" behaviours, 23% as a

result of Aggressive/Hostile behaviours and 14% for Attempt suicide.

At Thunder Bay Correctional Centre 3.1 behaviours were reported per client with 62% of the Target identified for Aggressive/Hostile behaviours, 54% for Withdrawn/Depressed, 39% for Disorientation as to time and space and 30% Disordered patterns of thought or speech.

Twenty-six percent of the Sudbury, Haileybury and North Bay Jails were identified as a result of suicide attempt(s) and 42% for displaying Aggressive/Hostile behaviours.

Kenora and Thunder Bay Jails had a high 64% identified as a result of Disordered patterns of thought or speech; other behaviours identifying clients were similar in percentage breakdowns to the C.I.T.

In the Sault Ste. Marie Jail Target 3.1 behaviours were reported per client, the highest ratio in the individual institution targets (shared with Thunder Bay Correctional Centre). Seventy-one percent were identified as a result of Withdrawn/Depressed behaviours, 71% for Tremendous mood swings, and 57% for Aggressive/Hostile behaviours. Forty-three percent were also identified for Suicide attempt(s), the highest reported suicide percentage for all individual targets.

In the Timmins and Sudbury Probation and Parole Targets the ratio of behaviours to clients was the lowest for the individual probation targets at 1.7:1. Aggressive/Hostile was reported 50% of the Target and Attempt suicide (33%) was higher than the C.P.P.T.

In the Sault Ste. Marie Probation and Parole Target 44% were identified as a result of "Other" behaviours and three or 33% for Attempt suicide. Otherwise, the reported behaviours were similar to the C.P.P.T.

In the North Bay Probation and Parole Target 2.9 behaviours were reported per client a ratio slightly higher than the C.P.P.T.

Table B-1.2
Mental Health Service
Intervention Result Of
(Grouped)

	T.T. (124 valid cases)		C.I.T. (65 valid cases)		C.P.P.T. (59 valid cases)	
<u>Identified Result These Behaviours:</u>	Percent	Ranked	Percent	Ranked	Percent	Ranked
Disordered Thought or Speech:	28.2%	5	29.2%	4	27.1%	4
Disoriented as to Time and Space:	19.4	7	16.9	7	22.0	6
Withdrawn/Depressed Behaviours:	33.1	4	35.4	3	30.5	3
Aggressive/Hostile Behaviours:	47.6	1	40.0	2	55.9	1
Tremendous Mood Swings:	34.7	3	27.7	5	42.4	2
Experiencing Hallucinations/Delusions:	19.4	7	15.4	8	23.7	5
Suicide Attempt(s):	23.4	6	20.0	6	27.1	4
Other:	45.2	2	47.7	1	42.4	2
<u>Identified Result These Operational Problems:</u>						
No Response to Probation Sanctions:	39.5	2	18.9	4	58.9	1
Probation Resources Inadequate for Client Need:	30.3	5	16.2	5	43.6	2
No Response to Institution Sanctions:	31.6	4	35.1	3	28.2	3
Behaviour Causes Major Custodial Problem:	34.2	3	48.6	2	20.5	4
Institution Resources Inadequate for Client Need:	44.7	1	78.4	1	12.8	5
Other:	1.3	6	-	6	2.6	6
Not Applicable:	26.8		50.7		38.9	

Table B-2-2.1
Mental Health Service
Identified Result These Behaviours
(Individual)

	Monteith C.C.	T.B. C.C.	Sud., Hail. N.B. Jail	Kenora T.B. Jail	S.S. Marie Jail	Timmins Sud. P&P	S.S. Marie P&P
Disordered Thought or Speech		4 30.8	6 50.0	7 63.6	2 28.6	1 16.7	2 22.2
Disoriented as to Time and Space		5 38.5	3 25.0	1 9.1	2 28.6	1 16.7	2 22.2
Withdrawn/ Depressed	3 13.6	7 53.8	4 33.3	4 36.4	5 71.4	1 16.7	3 33.3
Aggressive/ Hostile	5 22.7	8 61.5	5 41.7	4 36.4	4 57.1	3 50.0	3 33.3
Tremendous Mood Swings		5 38.5	6 50.0	2 18.2	5 71.4	2 33.3	
Hallucinations/ Delusions	1 4.5	3 23.1	4 33.3	2 18.2			
Suicide Attempt(s)	3 13.6	2 15.4	3 25.0	2 18.2	3 42.9	2 33.3	3 33.3

Table B-2-2.1 (Continued)
Mental Health Service
Identified Result These Behaviours
(Individual)

	Monteith C.C.	T.B. C.C.	Sud., Hail. N.B. Jail	Kenora T.B. Jail	S.S. Marie Jail	Timmins Sud. P&P	S.S. Marie P&P
Other	16 72.7	6 46.2	4 33.3	4 36.4	1 14.3	2 33.3	4 44.4
Column	22	13	12	11	7	6	9
Total	17.7	10.5	9.7	8.9	5.6	4.8	7.3
Ratio	1.3:1	3.1:1	2.9:1	2.4:1	3.1:1	1.7:1	1.9:1

(124 valid cases 10 cases missing)

Table B-2-2.2
Mental Health Service
Identified Result These Behaviours
(Individual)

	N.B.	Fort Frances	Kenora	Row
	P&P	P&P	P&P	Total
Disordered	7	2	4	35
Thought or Speech	46.7	18.2	22.2	28.2
Disoriented as to	3	3	4	24
Time and Space	20.0	27.3	22.2	19.4
Withdrawn/	6	2	6	41
Depressed	40.0	18.2	33.3	33.1
Aggressive/	8	5	14	59
Hostile	53.3	45.5	77.8	47.6
Tremendous	5	5	13	43
Mood Swings	33.3	45.5	72.2	34.7
Hallucinations/	2	2	10	24
Delusions	13.3	18.2	55.6	19.4
Suicide	3	2	6	29
Attempt(s)	20.0	18.2	33.3	23.4

Table B-2-2.2 (Continued)
Mental Health Service
Identified Result These Behaviours
(Individual)

	N.B.	Fort Frances	Kenora	Row
	P&P	P&P	P&P	Total
Other	10 66.7	4 36.4	5 27.8	56 42.2
Column	15	11	18	124
Total	12.1	8.9	14.5	100.0
Ratio	2.9:1	2.3:1	3.4:1	

(124 valid cases 10 cases missing)

(2.7:1). Sixty-seven percent of the Target were identified as a result of "Other" behaviours.

Fewer behaviours per client (2.3:1) were reported in the Fort Frances Probation and Parole Target than the C.P.P.T. All behaviour categories were identified in generally equal percentages with notable highs for the Target being: Aggressive/Hostile behaviours (46%); Tremendous mood swings (46%) and "Other" (36%).

The Kenora Probation and Parole Target has the highest ratio of all individual targets of reported behaviours per client (3.4:1). Major behaviours resulting in identification were: Aggressive/Hostile (78%); Tremendous mood swings (72%); Experiencing Hallucinations/Delusions (56%) and Attempt suicide (33%).

Operational Problems Resulting in Identification: Six categories of Operational Problems resulting in identification of a client in need of Mental Health Service are presented on Tables B-1.2 and B-2-2.3. The six categories, presented for a total of 76 valid cases are: No response to probation sanctions; Probation resources inadequate for client's need(s); No response to institutional sanctions; Behaviour cases major custodial problem; Institution resources inadequate for client's need(s) and "Other."

(Grouped) For 27% of the T.T. Operational Problems were not applicable in the identification of the client. Of the 73% of the T.T. for whom Operational Problems were applicable problems were reported in a ratio of 1.8 problems per client. Forty-five percent of the clients identified as a result of operational problems were identified because Institutional resources were inadequate to meet their need(s); 40% because the client would not respond to probation sanctions; 34% because the client caused a major custodial problem, 32% because the client would not respond to institutional sanctions and 30% because probation resources were inadequate for the client's need(s).

For 51% of the C.I.T. Operational Problems were not applicable in client identification. Of the remaining 49% of the C.I.T., Operational Problems were reported in a ratio of 2.0 problems per client. Seventy-eight percent of the clients identified in the C.I.T. as a result of Operational Problems were identified because Institution resources were inadequate to meet their need(s); 49% because their behaviour caused a major custodial problem; 35% because they would not respond to institution sanctions and 19% and 16%, respectively, would not respond to probation sanctions and probation resources were inadequate for their need(s).

For 61% of the C.P.P.T., higher than that for the C.I.T., Operational Problems were applicable in client identification. Of those for whom Operational Problems were applicable problems were reported in a ratio of 1.7 per client. Fifty-nine percent of the C.P.P.T. who were identified for Operational Problems would not respond to probation sanctions; 44% were identified because probation resources were inadequate for their need(s); 28% would not respond to institution sanctions; 21% exhibited behaviour causing a major custodial problem and 13% would not respond to institution sanctions.

(Individual) Three individual institutions and three individual probation targets reported Operational Problems as applicable for 60% or more of their clients in client identification for Mental Health Service. Of the remaining four individual targets two reported client behaviour causing major custodial problems as the primary Operational Problems resulting in identification. That is: Monteith Correctional Centre (100%); and Timmins and Sudbury Probation and Parole (100%).

At Thunder Bay Correctional Centre Operational Problems were not applicable for 31% of the Target. Of the 69% for whom Operational Problems were applicable problems were reported in a ratio of 1.6 per

client. Sixty-seven percent were identified because the Institution's resources were inadequate to meet the client's need(s) and 33% because the client's behaviour caused a major custodial problem. All other categories were also reported.

At Sudbury, Haileybury and North Bay Jails, Operational Problems were not applicable for 15% of the Target; however, for a high 85% Operational Problems were reported and in a ratio of 2.1 problems per client. Eighty-two percent were identified because the Institutions' resources were inadequate to meet the client's need(s); and 36% were identified for each of two Operational Problems associated with probation: No response to probation sanctions and probation resources inadequate for client's need(s).

For the Sault Ste. Marie Jail Target Operational Problems were applicable in client identification for 60% and were reported in a ratio of 2.2 per client. Three categories were specified: for 100% of the clients the resources were inadequate to meet their need(s); 67% of the clients exhibited behaviour causing a major custodial problem for the Jail and 50% of the clients were identified because they would not respond to institution sanctions.

For the North Bay Probation and Parole Target, Operational Problems were not applicable in 27% of the Target but for the 73% for whom Operational Problems were applicable, they were reported in a ratio of 2.3 per client. Eighty-two percent were identified because they would not respond to probation sanctions, 55% because the Probation Office's resources were inadequate to meet their need(s); and 46% and 27%, respectively, because they would not respond to institution sanctions and the institution's resources were inadequate for their need(s).

Operational Problems were not applicable for 27% of the Fort Frances Probation and Parole Target. Of the 73% for whom they were

applicable, problems were reported in a ratio of 1.1 per client. The primary Operational Problem reported was that for 63% of the clients, the Probation Office's resources were inadequate to meet client's need(s).

At Kenora Probation and Parole, Operational Problems were applicable in identification of 83% of the Target and they were reported in a ratio of 1.7 problems per client. Seventy-three percent of the clients would not respond to normal probation sanctions, 33% would not respond to institution sanctions and 27% exhibited behaviour causing a major custodial problem.

Table B-2-2.3
Mental Health Service
Identified Result These Operational Problems
(Individual)

<u>Operational Problems</u>	Monteith C.C.	T.B. C.C.	Sud., Hail. N.B. Jail	Kenora T.B. Jail	S.S. Marie Jail	Timmins Sud. P&P	S.S. Marie P&P
No Response To		2	4	1			1
Probation Sanction		22.2	36.4	16.7			25.0
Probation Resources		1	4	1			3
Inadequate Client Need		11.1	36.4	16.7			75.0
No Response To	4	2	3	1	3	1	
Institution Sanction	80.0	22.2	27.3	16.7	50.0	100.0	
Behaviour Causes	5	3	3	3	4	1	
Major Custodial Problem	100.0	33.3	27.3	50.0	66.7	100.0	
Institution Resources	3	6	9	5	6		
Inadequate Client Need	60.0	66.7	81.8	83.3	100.0		
Other							
Column	5	9	11	6	6	1	4
Total	6.6	11.8	14.5	7.9	7.9	1.3	5.3

Table B-2-2.3 (Continued)
Mental Health Service
Identified Result These Operational Problems
(Individual)

	N.B.	Fort Frances	Kenora	Row
<u>Operational Problems</u>	P&P	P&P	P&P	Total
No Response To	9	2	11	30
Probation Sanction	81.8	25.0	73.3	39.5
Probation Resources	6	5	3	23
Inadequate Client Need	54.5	62.5	20.0	30.3
No Response To	5		5	24
Institution Sanction	45.5		33.3	31.6
Behaviour Causes	2	1	4	26
Major Custodial Problem	18.2	12.5	26.7	34.2
Institution Resources	3	1	1	34
Inadequate Client Need	27.3	12.5	6.7	44.7
Other			1	1
			6.7	1.3
Column	11	8	15	76
Total	14.5	10.5	19.7	100.0

Assessment Record: Tables B-1.3 and B-2-3.1 to 3.3 show the following:

Assessment and Assessment Authorization: (Grouped) Of the T.T. 19% were not identified for Assessment; 12% were identified for Assessment and it was not provided. Sixty-two percent of those identified for Assessment were assessed and treatment was recommended; 11% were assessed and treatment was not recommended and 8% were assessed and the assessment disposition was unknown. The Court authorized assessment for 36% of the Target, 19% were authorized by Institution medical/treatment staff and 18% by non-Ministry Psychiatrists.

Of the C.I.T. 24% were not identified for Assessment; 15% were identified and assessment was not provided. Fifty-eight percent of those identified for Assessment were assessed and treatment was recommended; 11% were assessed and treatment was not recommended and 7% were assessed and the assessment disposition was unknown.

Institution medical/treatment staff authorized assessment for 42% of the C.I.T., for 23% the assessment was authorized by the Courts and for 9% by non-Ministry psychiatrists.

Of the C.P.P.T. 14% were not identified for Assessment; 9% were identified and assessment was not provided. Sixty-seven percent were assessed and treatment was recommended; 19% were assessed and treatment was not recommended and 9% were assessed and the assessment disposition was unknown. The Court authorized assessment for 42% and for 29% assessment was authorized by non-Ministry psychiatrists.

(Individual) Descriptions of Individual Targets are sufficiently different to be discussed separately as follows:

At Monteith Correctional Centre 33% were not identified for Assessment. All cases identified for Assessment received it and treatment was recommended in each case. The authorization for

Assessment was the Institution medical/treatment staff for 63% of the Target and the Court authorized assessment in two cases (7%).

At Thunder Bay Correctional Centre only one case was not identified for Assessment, two cases (or 15% of the Target) were identified and Assessment was not provided, 42% of the Target were assessed and treatment was recommended, and 30% were assessed and treatment was not recommended. Non-Ministry psychiatrists authorized assessment for 39% of the Target and the Court authorized for 31%. Institutional staff authorized two Assessments (15%).

At Sudbury, Haileybury and North Bay Jails 39% of the Target were not identified for Assessment, two cases (15%) were identified for Assessment and it was not provided and 39% were Assessed and treatment was recommended. The Court authorized Assessment for 23% of the Target and four other sources authorized the remaining Assessments.

In the Kenora and Thunder Bay Jails Target only two cases (17%) were not identified for Assessment, 33% were identified and assessment was not provided, 25% were assessed and the assessment disposition was unknown and 17% were assessed and treatment recommended. The Court authorized assessment for 33% of the Target and Jail medical/treatment staff authorized Assessment for 33%.

In the Sault Ste. Marie Jail Target 90% were identified for Assessment. Three cases (30%) were identified for Assessment and it was not provided, 20% were assessed and the assessment disposition was unknown, 20% were assessed and treatment recommended and 20% were assessed and treatment was not recommended. The Court authorized assessment for 40% of the Target, for 20% the Jail Doctor authorized assessment and the Jail medical/treatment staff authorized assessment for 10% of the Target.

In the Timmins and Sudbury Probation and Parole Target 33%

were not identified for Assessment, one case was identified and assessment was not provided, 33% were assessed and treatment recommended and 17% were assessed and treatment was not recommended. The Court authorized assessment for 33% of the Target and non-Ministry psychiatrists authorized assessment for 33% of the Target.

Sault Ste. Marie Probation and Parole Target had two cases (22%) not identified for Assessment, 56% were assessed and treatment recommended, 11% were assessed, treatment was not recommended and 11% were assessed and the assessment disposition was unknown. The Court authorized assessment for 44% of the Target and non-Ministry psychiatrists authorized assessment for 22%.

All of the North Bay Probation and Parole Target were identified for Assessment and for 13% no assessment was provided, 67% were assessed and treatment recommended, 13% were assessed and treatment not recommended and 7% were assessed and the assessment disposition was unknown. The Court authorized assessment for 40% of the Target, non-Ministry psychiatrists for 27% and Ministry administration for 20% of the Target.

At Fort Frances, 27% of the Probation and Parole Target were not identified for Assessment, 18% were identified and assessment was not provided, 46% were assessed and treatment recommended and for one case the assessment disposition was unknown. There were no cases where assessment was provided and treatment not recommended. The Court authorized assessment for 46% of the Target, the primary source of assessment authorization.

In the Kenora Probation and Parole Target one case was not identified for assessment, 67% were assessed and treatment recommended, 16% assessed and treatment not recommended and 11% were assessed and the assessment disposition was unknown. In all cases where assessment was authorized it was provided. Non-Ministry psychiatrists authorized

assessment for 44% of the Target, the Courts for 22% and Ministry
Psychiatrists for 17%.

Table B-1.3
Mental Health Service
Assessment Record and Authorization
(Grouped)

	T.T. N=134	C.I.T. N=75	C.P.P.T. N=59
<u>Assessment:</u>	Percent	Percent	Percent
Identified: Not Assessed:	11.9%	14.7%	8.5%
Assessed: Treatment Received:	50.0 (62% S)	44.0 (57.9% S)	57.6 (66.7% S)
Assessed: Treatment Not Received:	11.2	10.7	18.6
Assessed: Disposition Unknown:	7.5	6.7	8.5
Not Identified for Assessment:	19.4	24.0	13.6
<u>Assessment Authorization:</u>			
Court:	28.4% (35.5% S)	22.7%	35.6% (42.0% S)
Institution Medical/Treatment Staff:	19.4	32.0 (42.1% S)	3.4
Institution Doctor:	2.2	4.0	∅
Ministry Psychiatrist:	3.0	1.3	5.1
Probation Administration:	2.2	1.3	3.4
Institution Administration:	0.7	1.3	∅
Non-Ministry Psychiatrist:	17.9	9.3	28.8
Other:	6.0	4.0	8.5
Not Applicable:	20.1	24.0	15.3

Key: S = Subsample

Table B-2-3.1
Mental Health Service
Assessment Record
(Individual)

	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins	S.S. Marie
<u>Assessment:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P	P&P
Identified		2	2	4	3	1	
Not Assessed		15.4	15.4	33.3	30.0	16.7	
Assessed	18	6	5	2	2	2	5
Treatment Recommended	66.7	46.2	38.5	16.7	20.0	33.3	55.6
Assessed		4	1	1	2	1	1
Treatment Not Recommended		30.8	7.7	8.3	20.0	16.7	11.1
Assessed				3	2		1
Disposition Unknown				25.0	20.0		11.1
Not Identified	9	1	5	2	1	2	2
For Assessment	33.3	7.7	38.5	16.7	10.0	33.3	22.2
Column	27	13	13	12	10	6	9
Total	20.1	9.7	9.7	9.0	7.5	4.5	6.7

Table B-2-3.1 (Continued)

Mental Health Service

Assessment Record

(Individual)

	N.B.	Fort Frances	Kenora	Row
<u>Assessment:</u>	P&P	P&P	P&P	Total
Identified	2	2		16
Not Assessed	13.3	18.2		11.9
Assessed	10	5	12	67
Treatment Recommended	66.7	45.5	66.7	50.0
Assessed	2		3	15
Treatment Not Recommended	13.3		16.7	11.2
Assessed	1	1	2	10
Disposition Unknown	6.7	9.1	11.1	7.5
Not Identified		3	1	26
For Assessment		27.3	5.6	19.4
Column	15	11	18	134
Total	11.2	8.2	13.4	100.0

Table B-2-3.2
Assessment Authorization
(Individual)

	Monteith C.C.	T.B. C.C.	Sud. Hail. N.B. Jail	Kenora T.B. Jail	S.S. Marie Jail	Timmins Sud. P&P	S.S. Marie P&P
Not Applicable	8 29.6	1 7.7	4 30.8	3 25.0	2 20.0	2 33.3	2 22.2
Court	2 7.4	4 30.8	3 23.1	4 33.3	4 40.0	2 33.3	4 44.4
Institution Medical Staff	17 63.0	2 15.4		4 33.3	1 10.0		
Institution Doctor			1 7.7		2 20.0		
Ministry Psychiatrist			1 7.7				
Probation Administration			1 7.7				
Institution Administration		1 7.7					
Non-Ministry Psychiatrist		5 38.5	1 7.7	1 8.3		2 33.3	2 22.2
Other			2 15.4		1 10.0		1 11.1
Column Total	27 20.1	13 9.7	13 9.7	12 9.0	10 7.5	6 4.5	9 6.7

Table B-2-3.2 (Continued)
Assessment Authorization
(Individual)

	N.B. P&P	Fort Frances P&P	Kenora P&P	Row Total
Not Applicable		4 36.4	1 5.6	27 20.1
Court	6 40.0	5 45.5	4 22.2	38 28.4
Institution Medical Staff	1 6.7	1 9.1		26 19.4
Institution Doctor				3 22.2
Ministry Psychiatrist			3 16.7	4 3.0
Probation Administration	2 13.3			3 2.2
Institution Administration				1 0.7
Non-Ministry Psychiatrist	4 26.7	1 9.1	8 44.4	24 17.9
Other	2 13.3		2 11.1	8 6.0
Column Total	15 11.2	11 8.2	11 8.2	134 100.0

Treatment Record:

Identification, Provision and Client Status: Tables B-1.4 and B-2-4.1 show the following:

(Grouped) In the T.T. 29% were not identified for Treatment, 75% of those identified received it and 18% were identified for treatment and it was not provided. The status of those identified for treatment and who did not receive it was: 41% were "referred"; 28% were "in segregation"; 28% had a "jurisdiction change" and 44% were "other". (In the majority of cases when "other" was cited, it was specified as poor client motivation/refuses to participate in treatment). When treatment was provided it was Ministry-provided for 50% of the T.T. and non-Ministry-provided for 40% of the T.T.

In the C.I.T. 31% were not identified for Treatment, 77% of those identified received it and 16% were identified and treatment was not provided. The status of those identified for treatment and who did not receive it was: 30% were "referred"; 39% were "in segregation"; 35% had a "jurisdiction change"; and 35% were "other". Where treatment was provided it was Ministry-provided for 64% of the C.I.T. and non-Ministry-provided for 19%.

In the C.P.P.T. 25% were not identified for Treatment, 73% of those identified for Treatment received it and 20% were identified for Treatment and it was not provided. When treatment was provided it was Ministry-provided for 46% of the C.P.P.T. and non-Ministry-provided for 61%.

(Individual) In the Monteith Correctional Centre Target 85%, considerably higher than the C.I.T., were identified for Treatment and it was provided. For those identified and who did not receive treatment their status was "in segregation" and "referred to treatment personnel".

In the Thunder Bay Correctional Centre Target 39%, a fewer

number than in the C.I.T., were identified for Treatment and received it; however, 46%, higher than the C.I.T., were not identified for Treatment. Four cases were identified and did not receive treatment. "Jurisdiction change" and "other" was cited as their status.

A high percent (31%) of the Sudbury, Haileybury and North Bay Jails Target were identified and did not receive Treatment. Their status was listed as: "in segregation" (57%); "jurisdiction change" (29%) and "other" (57%).

Kenora and Thunder Bay Jails Target was similar to the C.I.T. except that the status of those identified for treatment and who did not receive it was "jurisdiction change" for 60%.

Sault Ste. Marie Jail had a high proportion (50%) of its Target not identified for Treatment and only one of those clients identified for treatment did not receive it.

In the Sudbury and Timmins Probation and Parole Targets a higher number (33%) than in the C.P.P.T. (20%) were identified and Treatment was not provided. For the majority of those clients their status was "referred to treatment personnel".

In the Sault Ste. Marie Probation and Parole Target 67% were identified for Treatment and it was provided. This is notably higher than the C.P.P.T. (54%).

In the Fort Frances Probation and Parole Target a larger number (36%) of those identified for treatment did not receive it. Of this group, 25% were "referred", 25% had "jurisdiction change" and 50% were listed as "other".

Kenora Probation and Parole Target had one of the highest number (61% of the Target) identified for Treatment and Treatment provided. It had the lowest reported percent (13%) not identified for treatment and of those identified and for whom no Treatment was provided their status was "other" and "referred".

Table B-1.4
Mental Health Service
Treatment Record
(Grouped)

	T.T. N=134	C.I.T. N=75	C.P.P.T. N=59
<u>Treatment:</u>	Percent	Percent	Percent
Identified: Treatment Provided:	53.7% (75% S)	53.3% (76.9% S)	54.2% (72.7% S)
Identified: Treatment Not Provided:	17.9	16.0	20.3
Not Identified for Treatment:	28.4	30.6	25.4
Identified; Treatment Not Provided; <u>Status Is:</u>	N=39	N=23	N=16
Referred to Treatment Personnel:	41.0	30.4	56.3
In Segregation:	28.2	39.1	12.5
Jurisdiction Change:	28.2	34.8	18.8
Other:	43.1	34.8	56.3
Ministry-Provided Treatment To:	56.0% Target N	64.0% Target N	45.8% Target N
Non-Ministry-Provided Treatment To:	39.6	18.7	61.1

Table B-2-4.1
Mental Health Service
Treatment Record
(Individual)

	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins	S.S. Marie
<u>Treatment:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P	P&P
Identified:	23	5	7	2	3	3	6
Provided	85.2	38.5	53.8	16.7	30.3	50.0	66.7
Identified:	2	2	4	3	1	2	1
Not Provided	7.4	15.4	30.8	25.0	10.0	33.3	11.1
Not Identified	2	6	2	7	6	1	2
For Treatment	7.4	46.2	15.4	58.3	50.0	16.7	22.2
Column	27	13	13	12	10	6	9
Total	20.1	9.7	9.7	9.0	7.5	4.5	6.7

Table B-2-4.1 (Continued)

Mental Health Service
Treatment Record
(Individual)

	N.B.	Fort Frances	Kenora	Row
<u>Treatment:</u>	P&P	P&P	P&P	Total
Identified:	8	4	11	72
Provided	53.3	36.4	61.1	53.7
Identified:	2	4	3	24
Not Provided	13.3	36.4	16.7	17.9
Not Identified	5	3	4	38
For Treatment	33.3	27.3	22.2	28.4
Column	15	11	18	134
Total	11.2	8.2	13.4	100.0

Table B-2-4.2
Mental Health Service
Treatment Record
(Individual)

<u>Identified: Treatment</u>	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins	S.S. Marie
<u>Not Provided Status Is:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P	P&P
Referred To	3			3	1	2	
Treatment Personnel	100.0			60.0	25.0	100.0	
In Segregation	3		4	1	1		
	100.0		57.1	20.0	25.0		
Jurisdiction Change		1	2	3	2		
		25.0	28.6	60.0	50.0		
Other		3	4		1		1
		75.0	57.1		25.0		100.0
Column	3	4	7	5	4	2	1
Total	7.7	10.3	17.9	12.8	10.3	5.1	2.6

Table B-2-4.2 (Continued) .

Mental Health Service

Treatment Record

(Individual)

<u>Identified: Treatment</u>	N.B.	Fort Frances	Kenora	Row
<u>Not Provided Status Is:</u>	P&P	P&P	P&P	Total
Referred To	5	1	1	16
Treatment Personnel	83.3	25.0	33.3	41.0
In Segregation	2			11
	33.3			28.2
Jurisdiction Change	2	1		11
	33.3	25.0		28.2
Other	4	2	2	17
	66.7	50.0	66.7	43.6
Column	6	4	3	39
Total	15.4	10.3	7.7	100.0

Ministry-Provided Treatment: On Tables B-1.5 and B-2-5.1 data for seven Ministry-provided Treatment categories are shown. The categories are: In-House Counselling; Segregation as an Intentional Treatment Intervention; Chemotherapy; Specific Treatment Program; Ontario Correctional Institution Drug Abuse and Sexual Offender Program; Guelph Correctional Centre Assessment and Treatment Unit and Other.

(Grouped) In the T.T. 56% received some form of Ministry-provided treatment and the ratio of treatment to client was 1.8:1. In-House Counselling was the treatment most provided, given to 68% of the clients treated while Specific Treatment Programs were provided to 37%, and 27% were given Chemotherapy, 15% were Segregated as a Treatment Intervention.

In the C.I.T. 64% received some form of Ministry-provided treatment and the ratio of treatment to client was 2.0:1. In-House Counselling was provided to 75% of those who received treatment, 48% were treated in a Specific Treatment Program, 33% were given Chemotherapy, 20% Segregated as a Treatment Intervention and 10% were treated at O.C.I., 6% at G.A.T.U. and 60% received some "Other" treatment.

In the C.P.P.T. 46% received some form of Ministry-provided treatment and the ratio of treatment to client was 1.4:1. In-House Counselling was the treatment provided most, given to 56% of the Target, a relatively high 22% were treated at G.A.T.U., 22% received "Other" treatment, 19% were treated in a Specific Treatment Program, 15% were given Chemotherapy and 7% received treatment at O.C.I.

(Individual) Monteith Correctional Centre Target had clients receiving 1.4 Ministry-provided treatment types per client, a ratio lower than the C.I.T. (2.0:1): 88% of the clients receiving treatment received In-House Counselling in the Short Term Alcohol

Treatment Program, the Specific Treatment Program at Monteith Correctional Centre. Chemotherapy was provided to fewer of the clients in this Target (17%) than in the C.I.T. (33%).

Thunder Bay Correctional Centre provided a ratio of treatment types to client similar to that of the C.I.T., involving 88% of those receiving treatment in In-House Counselling, a lower amount (13%) in Segregation and a higher number receiving Chemotherapy (63%).

Sudbury, Haileybury and North Bay Jails Target had clients receiving Ministry-provided treatment in a ratio of 1.6 treatments per client, somewhat lower than the C.I.T. (2.0:1). Percentage breakdowns of treatments provided to clients are similar to the C.I.T. except that 10% (down from 48%) were involved in a Specific Treatment Program but 30% (up from 10%) were treated at O.C.I.

At Kenora and Thunder Bay Jails, only two clients were given Ministry-provided treatment in a ratio of 1:1. One client was treated at G.A.T.U. and one received In-House Counselling.

All four clients in the Sault Ste. Marie Jail who received Ministry-provided treatment were given Chemotherapy and two were also Segregated.

No clients in the Timmins and Sudbury Probation and Parole Target received Ministry-provided treatment and only one client in the Sault Ste. Marie Probation and Parole Target received Ministry-provided treatment.

In the North Bay Probation and Parole Target the ratio of treatment to client was 1.6:1, slightly higher than that of the C.P.P.T. (1.4:1). Eighty percent of the clients received In-House Counselling, up from 56% for the C.P.P.T., and 40% were involved in Specific Treatment Programs, also up from the C.P.P.T. (19%).

In the Fort Frances Probation and Parole Target the ratio of treatment to client was exactly that of the C.P.P.T. (1.4:1). However,

Table B-1.5
Mental Health Service
Treatment Record
(Grouped)

<u>Treatment Type:</u>	T.T. N=75		C.I.T. N=48		C.P.P.T. N=27	
<u>Ministry Provided:</u>	Percent	Ranked	Percent	Ranked	Percent	Ranked
In-House Counselling:	68.0%	1	75.0%	1	55.6%	1
Segregation As Treatment:	14.7	4	20.8	4	3.7	6
Chemotherapy:	26.7	3	33.3	3	14.8	4
Specific Treatment Program:	37.3	2	47.9	2	18.5	3
O.C.I.:	9.3	6	10.4	5	7.4	5
G.A.T.U.:	12.0	5	6.3	6	22.2	2
Other:	12.0	5	6.3	6	22.2	2
	Ratio 1.8:1		Ratio 2.0:1		Ratio 1.4:1	

Table B-2-5.1
Mental Health Service
Treatment Record
(Individual)

<u>Treatment Type:</u>	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins
<u>Ministry Provided:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P
In-House	21	7	6	1	1	
Counselling	87.5	87.5	60.0	50.0	25.0	
Segregation As	5	1	2		2	
Treatment	20.8	12.5	20.0		50.0	
Chemotherapy	4	5	3		4	
	16.7	62.5	30.0		100.0	
Specific Treatment	21	1	1			
Program	87.5	12.5	10.0			
O.C.I.	2		3			
	8.3		30.0			
G.A.T.U.	1	1		1		
	4.2	12.5		50.0		
Other		2	1			
		25.0	10.0			
Column	24	8	10	2	4	
Total	32.0	10.7	13.3	2.7	5.3	
Ratio	14:1	2.1:1	1.6:1	1:1	108:1	

Table B-2-5.1 (Continued)

Mental Health Service

Treatment Record

(Individual)

<u>Treatment Type:</u>	S.S. Marie	N.B.	Fort Frances	Kenora	Row
<u>Ministry Provided:</u>	P&P	P&P	P&P	P&P	Total
In-House		8	4	3	51
Counselling		80.0	80.0	27.3	68.0
Segregation As		1			11
Treatment		10.0			14.7
Chemotherapy		1	1	2	20
		10.0	20.0	18.2	26.7
Specific Treatment	1	4			28
Program	100.0	40.0			37.3
O.C.I.			1	1	7
			20.0	9.1	9.3
G.A.T.U.		1	1	4	9
		10.0	20.0	36.4	12.0
Other	1	1		4	9
	100.0	10.0		36.4	12.0
Column	1	10	5	11	75
Total	1.3	13.3	6.7	14.7	100.0
Ratio	2.0:1	1.6:1	1.4:1	1.3:1	

80% of the clients received In-House Counselling and 20%, more than in the C.P.P.T., were given Chemotherapy.

At Kenora Probation and Parole, In-House Counselling was provided to 27% of the clients who received Ministry-provided treatment, down from 56% of the C.P.P.T. G.A.T.U. treated 36% (higher than the 22% for the C.P.P.T.), 18% received Chemotherapy and 36% also received some "Other" treatment.

Non-Ministry-Provided Treatment: On Tables B-1.6 and B-2-6.1 data for ten Non-Ministry-Provided Treatment categories are shown. The categories are: Court Request for Forensic Assessment; Counsel Request for Forensic Assessment; In-patient Group Therapy; Out-patient Individual Therapy; Out-patient Group Therapy; In-patient Specific Mental Health Programme; Out-patient Specific Mental Health Programme; Chemotherapy; Other and Client Request for Forensic Assessment.

(Grouped) In the T.T. 40% received some form of non-Ministry-provided treatment and the ratio of treatment to client was 2.3:1. Forensic Assessments were provided on a total of 59% of the clients who received treatment, 45% were provided Out-patient Individual Therapy, 22% received In-patient Individual Therapy, 23% received In-patient Group Therapy, and smaller percentages received the various other treatments.

In the C.I.T. 19% received some form of non-Ministry-provided treatment and the ratio of treatment to client was 2.1:1. Forensic Assessments were provided to the majority of this Target, combined with the various other treatments to achieve the Target ratio of 2.1:1. Notable percentages were for Out-patient Individual Therapy (29%) In-patient Specific Mental Health Programme (29%) and Chemotherapy (29%), higher than the T.T. (19%) and the C.P.P.T. (15%).

In the C.P.P.T. 61% received some form of non-Ministry-provided treatment; however, the ratio of treatments to clients was

2.3:1, slightly higher than that for the C.I.T. Forensic Assessment was provided for a total of 46% of the C.P.P.T. with other notable high percentages as follows: 51% received Out-patient Individual Therapy; 33% In-patient Individual Therapy; 26% receiving In-patient Group Therapy and 26% receiving Out-patient Group Therapy.

(Individual) With a low total of 14 clients in the C.I.T. having received non-Ministry-provided treatment, individual institutions show four or less clients as recipients and in all institution targets Forensic Assessment is the common treatment provided. It is combined with other treatments in each Target (except Thunder Bay Correctional Centre) to raise the ratio of treatment to client above 1:1 to as high as 3.0:1 at Sudbury, Haileybury and North Bay.

The Timmins Probation and Parole Target has the lowest number of clients of the Individual Probation and Parole Targets who received non-Ministry-provided Treatment. One of those clients received a Forensic Assessment, the treatment category which applies in each of the Probation and Parole Targets.

At Sault Ste. Marie, three clients received Forensic Assessment, 60% received In-patient Individual Therapy, 80% received Out-patient Group Therapy. The ratio of treatments to client was 3.6:1, considerably higher than that for the C.P.P.T. (2.3:1).

In the North Bay Probation and Parole Target 71% of the clients receiving treatment received a Forensic Assessment and 71% received In-patient Individual Therapy. The ratio of treatments to client in this Target was 3.4:1.

In the Fort Frances Probation and Parole Target, one client received a Forensic Assessment with In-and-Out-patient Individual and Group Therapy being provided most frequently. The highest reported Chemotherapy provided was in this Target (33%) well above

that of the C.P.P.T. (15%) with the ratio of treatments to client being 2.3:1.

Eight Forensic Assessments, representing 41% of the Kenora Probation and Parole Target were provided in a Target where the ratio of treatments to client was a low 1.5:1. In-and-Out-patient Individual and Group Therapy were also commonly provided with a notable 24% of the Target receiving some form of Out-patient Specific Mental Health Program.

Table B-1.6
Mental Health Service
Treatment Record
(Grouped)

	T.T. N=53		C.I.T. N=14		C.P.P.T. N=39	
<u>Non-Ministry Provided:</u>	Percent	Ranked	Percent	Ranked	Percent	Ranked
Court Requested Forensic Assessment:	39.6%	2	42.9%	1	38.5%	2
Client Requested Forensic Assessment:	7.5	8	21.4	3	2.6	7
Counsel Requested Forensic Assessment:	11.3	7	28.6	2	5.1	6
In-Patient Individual Therapy:	26.4	3	7.1	5	33.3	3
In-Patient Group Therapy:	22.6	4	14.3	4	25.6	4
Out-Patient Individual Therapy:	45.3	1	28.6	2	51.3	1
Out-Patient Group Therapy:	18.9	5	0	6	25.6	4
In-Patient Specific Mental Health Program:	18.9	5	28.6	2	15.4	5
Out-Patient Specific Mental Health Program:	13.2	6	7.1	5	15.4	5
Chemotherapy:	18.9	5	28.6	2	15.4	5
Other:	3.8	9	0	6	5.1	6
	Ratio 2.3:1		Ratio 2.1:1			

Table B-2-6.1
Mental Health Service
Treatment Record
(Individual)

	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins
<u>Non-Ministry Provided:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P
Court Requested	1		1	3	1	1
Forensic Assessment	25.0		50.0	100.0	33.3	25.0
Client Requested		1	2			
Forensic Assessment		50.0	100.0			
Counsel Requested	1		1	1	1	
Forensic Assessment	25.0		50.0	33.3	33.3	
In-Patient Individual	1					
Therapy	25.0					
In-Patient Group	1		1			
Therapy	25.0		50.0			
Out-Patient Individual	1	1			2	2
Therapy	25.0	50.0			66.7	50.0
Out-Patient Group						
Therapy						
In-Patient Specific	1		1	2		1
Mental Health Program	25.0		50.0	66.7		25.0

Table B-2-6.1 (Continued)

Mental Health Service

Treatment Record

(Individual)

	S.S. Marie	N.B.	Fort Frances	Kenora	Row
<u>Non-Ministry Provided:</u>	P&P	P&P	P&P	P&P	Total
Court Requested	1	4	1	8	21
Forensic Assessment	20.0	57.1	16.7	47.1	39.6
Client Requested	1				4
Forensic Assessment	20.0				7.5
Counsel Requested	1	1			6
Forensic Assessment	20.0	14.3			11.3
In-Patient Individual	3	5	3	2	14
Therapy	60.0	71.4	50.0	11.8	26.4
In-Patient Group	3	4	1	2	12
Therapy	60.0	57.1	16.7	11.8	22.6
Out-Patient Individual	4	5	4	5	24
Therapy	80.0	71.4	66.7	29.4	45.3
Out-Patient Group	4	3	1	2	10
Therapy	80.0	42.9	16.7	11.8	18.9
In-Patient Specific	2	2	1		10
Mental Health Program	40.0	28.6	16.7		18.9

Table B-2-6.1 (Continued)

Mental Health Service

Treatment Record

(Individual)

	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins
<u>Non-Ministry Provided:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P
Out-Patient Specific				1		
Mental Health Program				33.3		
Chemotherapy	3			1		1
	75.0			33.9		25.0
Other						
Column	4	2	2	3	3	4
Total	7.5	3.8	3.8	5.7	5.7	7.5
Ratio	2.3:1	1:1	3.0:1	2.7:1	1.3:1	1.3:1
(53 valid cases 81 cases missing)						

Table B-2-6.1 (Continued)

Mental Health Service

Treatment Record

(Individual)

	S.S. Marie	N.B.	Fort Frances	Kenora	Row
<u>Non-Ministry Provided:</u>	P&P	P&P	P&P	P&P	Total
Out-Patient Specific	1		1	4	7
Mental Health Program	20.0		16.7	23.5	13.2
Chemotherapy		1	2	2	10
		14.3	33.3	11.8	18.9
Other	1	1			2
	20.0	14.3			3.8
Column	5	7	6	17	53
Total	9.4	13.2	11.3	32.1	100.0
Ratio	3.6:1	3.4:1	2.3:1	1.5:1	

(53 valid cases 81 cases missing)

C. Service Evaluation

Time to Assessment Start: Tables C-1.1 and C-2-1.1 show the following:

(Grouped) Time to Assessment was not applicable or there was information missing for 22% of the T.T. However, for the remaining 78%, assessment was provided on the same day as it was requested for 25%, within the same week for another 41%, within one week to a month for 17%; 14% of those for whom assessment was requested had not received it after one month from request.

Time to Assessment was not applicable or there was information missing for 21% of the C.I.T. However, for the remaining 79%, assessment was provided on the same day as requested for 25%, within the same week for another 41%, within one week to a month for 15%; 14% of those for whom assessment was requested in the C.I.T. had not received it after one month from request.

Time to Assessment was not applicable or there was information missing for 24% of the C.P.P.T. For the remaining 76% assessment was provided on the same day as requested for 25%, within the same week for another 42%, within one week to a month for 16%; 13% had not received assessment after one month from request.

(Individual) At Monteith Correctional Centre those for whom assessment was requested received it very early, with as many as 37% receiving it the same day as requested. At Thunder Bay Correctional Centre 67% received assessment within one week of request; however the remaining 33% had not received it one month after request. Time to Assessment was similar for the Sudbury, Haileybury and North Bay Jails Target to the C.I.T., at Kenora and Thunder Bay Jails a change of Jurisdiction prevented Assessment to be conducted under the Jurisdiction of the jails where the request was made, and at Sault Ste. Marie Jail (where the T.T. was identified for assessment) 30%

Table C-1.1
Quality of Service
(Grouped)

	T.T.		C.I.T.		C.P.P.T.	
<u>Time to Assessment Start:</u>	Percent	Ranked	Percent	Ranked	Percent	Ranked
Same Day:	19.4% (25% S)	2	20.0 (25.4% S)	2	18.6% (24.4% S)	2
One Week:	32.1 (41% S)	1	32.0 (40.7% S)	1	32.2 (42.2% S)	1
< One Month:	13.4 (17% S)	3	12.7 (15.3% S)	3	11.9 (15.6% S)	3
> One Month:	10.4 (13.5% S)	4	10.7 (13.6% S)	4	10.2 (13.3% S)	4
Change Jurisdiction:	2.2 (3% S)	5	4.0 (5.1% S)	5	∅ ∅	5
Not Applicable:	12.7		14.7		10.2	
Missing Information:	9.7		6.6		13.6	
<u>Time to Treatment Start:</u>						
Same Day:	11.2% (18.5% S)	3	16.0% (24.5% S)	2	5.1% (8.8% S)	4
One Week:	23.9 (39.5% S)	1	24.0 (36.7% S)	1	23.7 (41.2% S)	1
< One Month:	10.4 (17.3% S)	4	8.0 (12.2% S)	4	13.6 (23.5% S)	2
> One Month:	12.7 (20.9% S)	2	13.3 (20.4% S)	3	11.9 (20.6% S)	3
Change Jurisdiction:	2.2 (3.7% S)	5	4.0 (6.1% S)	5	∅ ∅	5
Not Applicable:	23.1		12.0		18.6	
Missing Information:	16.4		22.7		23.7	

Table C-2-1.1
Quality of Service
(Individual)

	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins	S.S. Marie
<u>Time to Assessment Start:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P	P&P
Same Day	10	1		4		1	5
	37.0	7.7		33.3		16.7	55.6
One Week	11	5	4	1	3	1	2
	40.7	38.5	30.8	8.3	30.0	16.7	22.2
<One Month	2		1		6	1	1
	7.4		7.7		60.0	16.7	11.1
>One Month		3	2	2	1		
		23.1	15.4	16.7	10.0		
Change				3			
Jurisdiction				25.0			
Not Applicable	2	4	4	1		1	1
	7.4	30.8	30.8	8.3		16.7	11.1
Missing	2		2	1		2	
Information	7.4		15.4	8.3		33.3	
Column	27	13	13	12	10	6	9
Total	20.1	9.7	9.7	9.0	7.5	4.5	6.7

Table C-2-1.1 (Continued)

Quality of Service
(Individual)

	N.B.	Fort Frances	Kenora	Row
<u>Time to Assessment Start:</u>	P&P	P&P	P&P	Total
Same Day	2	1	2	26
	13.3	9.1	11.1	19.4
One Week	3	3	10	43
	70.0	77.3	55.6	32.1
One Month	4		3	18
	26.7		16.7	13.4
One Month	4	1	1	14
	26.7	9.1	5.6	10.4
Change				3
Jurisdiction				2.2
Not Applicable		4		17
		36.4		12.7
Missing	2	2	2	13
Information	13.3	18.2	11.1	9.7
Column	15	11	18	134
Total	11.2	8.2	13.4	100.0

received it within one week from request, 60% within one month from request and one client hadn't received it after one month.

Only three clients in the Timmins Probation and Parole Target were identified for Assessment and all were assessed within one month from request. In the Sault Ste. Marie Probation and Parole Target 79% were assessed within one week from request. Likewise, at Fort Frances and Kenora assessments were provided early whereas in the North Bay Probation and Parole Target 73% had not received it until a week or more after request.

Time to Treatment Start: Tables C-1.1 and C-2-1.2 show the following:

(Grouped) Time to Treatment was not applicable or there was information missing for 40% of the T.T. For the remaining 60% treatment was provided the same day as requested for 19%, within a week of request for 40%, within one week to a month for 17%; 21% had not received treatment after one month from request.

Time to Treatment was not applicable or there was information missing for 35% of the C.I.T. For the remaining 65% Treatment was provided the same day as requested for 25%, within one week for 37%, within one week to a month for 12%; 20% had not received treatment after one month from request.

Time to Treatment was not applicable or there was information missing for 42% of the C.P.P.T. For the remaining 58%, Treatment was provided the same day as requested for 90%, considerably lower than for the C.I.T. (25%), within one week for another 41%, within one week to a month for 24%; 21% had not received treatment after one month from request.

(Individual) Monteith Correctional Centre, Thunder Bay Correctional Centre, and Sudbury, Haileybury and North Bay Jails had treatment response times similar to the C.I.T.; that is, the majority

Table C-2-1.2
Quality of Service
(Individual)

	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins	S.S. Marie
<u>Time to Treatment Start:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P	P&P
Same Day	6	2	2		2		2
	22.2	15.4	15.4		20.0		22.2
One Week	13	3	2			1	2
	48.1	23.1	15.4			16.7	22.2
<One Month	3	1	1	1			1
	11.1	7.7	7.7	8.3			11.1
>One Month	4	2	2	2		2	
	14.8	15.4	15.4	16.7		33.3	
Change				3			
Jurisdiction				25.0			
Not Applicable		4	3	3	7	1	4
		30.8	23.1	25.0	70.0	16.7	44.4
Missing	1	1	3	3	1	2	
Information	3.7	7.7	23.1	25.0	10.0	33.3	
Column	27	13	13	12	10	6	9
Total	20.1	9.7	9.7	9.0	7.5	4.5	6.7

Table C-2-1.2 (Continued)

Quality of Service
(Individual)

	N.B.	Fort Frances	Kenora	Row
<u>Time to Treatment Start:</u>	P&P	P&P	P&P	Total
Same Day	1			15
	6.7			11.2
One Week	3	2	6	32
	20.0	18.2	33.3	23.9
<One Month	1	2	4	14
	6.7	18.2	22.2	10.4
>One Month	4		1	17
	26.7		5.6	12.7
Change				3
Jurisdiction				2.2
Not Applicable	3	2	4	31
	20.0	18.2	22.2	23.1
Missing	3	5	3	22
Information	20.0	45.5	16.7	16.4
Column	15	11	18	134
Total	11.2	8.2	13.4	100.0

of clients received treatment within a week from request and 20% waited longer than a month before being treated. At Kenora and Thunder Bay Jails, three clients in the Target had a jurisdiction change before treatment could be provided and the remaining three received it within one week.

At Sault Ste. Marie Jail the two cases for whom Treatment was requested received it the same day as requested.

Three clients in the Timmins and Sudbury Probation and Parole Target had treatment requested and two had not received it one month after it had been requested. Similarly in the North Bay Probation and Parole Target 44% had not received treatment after one month from request whereas in the Sault Ste. Marie Probation and Parole Target 80% received it within one week of request. Likewise in the Fort Frances and Kenora Probation and Parole Targets all clients received treatment within one week to one month from request, with one exception who had not received it after one month had elapsed.

Assessment Evaluation: Tables C-1.2 and C-2-2.1 show the following:

Assessed: Treatment Not Recommended

(Grouped) Of the 104 cases in the T.T. who were assessed, 16 (or 15%) were assessed and treatment was not recommended. For a total of 75% of these assessment decisions there was non-support by Ministry personnel: Client behaviour remained the same as that leading to the request for assessment for 44% of the T.T. assessed and for whom treatment was not recommended and 31% of this group continued to provide Ministry personnel with operational problems. Support of the assessment decision in 6% of the cases was because client behaviour had changed prior to assessment and in 19% of the cases because client behaviour changed immediately upon assessment.

Of the 59 cases in the C.I.T. who were assessed, five (or 9%)

Table C-1.2
Quality of Service
Assessment Evaluation
(Grouped)

	T.T. N=16	C.I.T. N=5	C.P.P.T. N=11
<u>Assessed: Treatment Not Recommended:</u>	Percent	Percent	Percent
Behaviour Changed Prior/Support Assessment	6.3%	20.0%	0
Behaviour Changed Upon/Support Assessment	18.8	20.0	18.2%
Behaviour Same/No Support	43.8	0	63.6
Operational Problems Remains/No Support	31.3	60.0	18.2

Table C-2-2.1
Quality of Service
(Individual)

<u>Assessment Evaluation:</u>	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins
<u>Assessed: Treatment Not Recommended:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P
Behaviour Changed		1				
Prior/Support Assessment		6.3				
Behaviour Changed			1			
Upon/Support Assessment			33.3			
Behaviour Same/						1
No Support Assessment						100.0
Operational Problems	1		2			
Remains/No Support Assessment	100.0		66.7			
Column	1	1	3			1
Total	6.3	6.3	18.8			6.3

Table C-2-2.1 (Continued)

Quality of Service
(Individual)

<u>Assessment Evaluation:</u>	S.S. Marie	N.B.	Fort Frances	Kenora	Row
<u>Assessed: Treatment Not Recommended:</u>	P&P	P&P	P&P	P&P	Total
Behaviour Changed					1
Prior/Support Assessment					6.3
Behaviour Changed	1	1			3
Upon/Support Assessment	50.0	20.0			18.8
Behaviour Same/	1	4		1	7
No Support Assessment	50.0	80.0		33.3	43.8
Operational Problems				2	5
Remains/No Support Assessment				66.7	31.3
Column	2	5		3	16
Total	12.5	31.3		18.8	100.0

were assessed and treatment was not recommended. For three or 60% of these assessment decisions institutional personnel were in non-support. All three clients continued to provide Institution personnel with operational problems.

In the C.P.P.T. 11 cases (or 24%) of the 45 clients who were assessed were assessed and treatment was not recommended. For a total of 83% of those assessment decisions Ministry probation personnel were in non-support. Client behaviours remained the same for 64% of the clients and another 18% continued to provide Probation personnel with operational problems. For the remaining 18% of the C.P.P.T. group assessed and treatment not recommended Probation personnel were in support of the assessment decision as client behaviour had changed upon assessment.

(Individual) The five cases appearing in the individual institution target were at Monteith Correctional Centre (1); Thunder Bay Correctional Centre (1) and Sudbury, Haileybury and North Bay Jail (3). For the two jail clients where the assessment decision was not supported the clients continued to provide the jail with operational problems.

In the individual Probation and Parole targets it is notable that there was non-support at North Bay Probation and Parole for 80% of the assessment decisions where treatment was not recommended: the clients' behaviour which had lead to request for assessment continued to be displayed. Similarly, Kenora Probation and Parole did not support any of the three assessments where treatment was not recommended: two clients continued to provide the Probation personnel with operational problems and one continued to display the same behaviour leading to request for assessment.

Treatment Matched Client's Need(s): Tables C-1.3 and C-2-3.1 show the following:

(Grouped) Treatment Matched Client's Need(s) was not applicable or information was missing for 42% of the T.T. For the remaining 58%, 50 (50%) received treatment that matched their need(s) Well and 15% received treatment that matched their need(s) Very Well, combining for a total positive match for 65% of the Target. Twenty percent received treatment that matched their need(s) Poorly, 9% Very Poorly and 9% Not at All.

Treatment Matched Client's Need(s) was not applicable or information was missing for 47% of the C.I.T. For the remaining 53% of the Target 55% received treatment that matched their need(s) Well and 10% Very Well, combining for a total positive match for 65% of the C.I.T. Eighteen percent received treatment that matched their need(s) Poorly, 8% Very Poorly and 10% Not at All.

For 24% of the C.P.P.T. Treatment matched client's need(s) Poorly, Very Poorly for 3% and Not at All for 8%. For 65% there was a positive match.

(Individual) All of the individual institution targets where treatment was provided to clients show breakdowns similar to the C.I.T.; that is, treatment matched need(s) Well to Very Well for approximately 65% of the clients treated and Poorly to Not at All for the other 35%. One exception is the Sudbury, Halleybury and North Bay Jails Target where for 84% of the clients treated the treatment matched need(s) Well or Very Well.

Timmins and Sudbury and North Bay Probation and Parole Targets are similar in breakdown to the C.P.P.T. However, at Sault Ste. Marie Probation and Parole, four of five clients treated (or 80%) had treatment that matched their need(s) Well or Very Well. This is considerably higher than the positive match for the C.P.P.T. which is 65%. A similar response is reported at Fort Frances whereas the Kenora Probation and Parole Target has 43% of the clients

Table C-1.3
Quality of Service
Treatment Evaluation
(Grouped)

<u>Treatment Evaluation</u>	T.T.	C.I.T.	C.P.P.T.
<u>Treatment Matched Client's Need</u>	Percent	Percent	Percent
Very Well:	9.0% (15.4% S)	5.3% (10.0% S)	13.6% (21.1% S)
Well:	29.1 (50.0 S)	29.3 (55.0 S)	28.0 (44.7 S)
Poorly:	11.9 (20.5 S)	9.3 (17.5 S)	15.3 (23.7 S)
Very Poorly:	3.0 (9.0 S)	4.0 (7.5 S)	1.7 (2.6 S)
Not at All:	5.2 (8.9 S)	5.3 (10.0 S)	5.1 (7.9 S)
Not Applicable:	27.6	30.7	23.7
Missing Information:	14.2	16.0	11.9
<u>Treatment Matched Operational Need</u>			
Very Well:	3.0% (5.3% S)	4.0% (7.5% S)	1.7% (2.8% S)
Well:	5.2 (9.2 S)	5.3 (10.0 S)	5.1 (8.3 S)
Poorly:	11.2 (19.7 S)	8.0 (15.0 S)	15.3 (25.0 S)
Very Poorly:	30.6 (53.9 S)	29.3 (55.0 S)	32.2 (52.8 S)
Not at All:	6.7 (11.8 S)	6.7 (12.5 S)	6.8 (11.1 S)
Not Applicable:	26.9	29.3	23.7
Missing Information:	16.4	17.3	15.3

Table C-2-3.1
Quality of Service
Treatment Evaluation
(Individual)

<u>Treatment Matched Client's Need(s)</u>	Monteith C.C.	T.B. C.C.	Sud. Hail. N.B. Jail	Kenora T.B. Jail	S.S. Marie Jail	Timmins Sud. P&P
Very Well	1 3.7	2 15.4	1 7.7			
Well	14 51.9	2 15.4	4 30.8		2 20.0	3 50.0
Poorly	6 22.2	1 7.7				1 16.7
Very Poorly	2 7.4	1 7.7				
Not at All	1 3.7	1 7.7	1 7.7		1 10.0	
Not Applicable	1 3.7	4 30.8	3 23.1	10 83.3	5 50.0	
Missing Information	2 7.4	2 15.4	4 30.8	2 16.7	2 20.0	2 33.3
Column	27	13	13	12	10	6
Total	20.1	9.7	9.7	9.0	7.5	4.5

Table C-2-3.1 (Continued)

Quality of Service

Treatment Evaluation

(Individual)

	S.S. Marie	N.B.	Fort Frances	Kenora	Row
<u>Treatment Matched Client's Need(s)</u>	P&P	P&P	P&P	P&P	Total
Very Well	1 11.1	3 20.0		4 22.2	12 9.0
Well	3 33.3	4 26.7	3 27.3	4 22.2	39 29.1
Poorly	1 11.1	3 20.0	1 9.1	3 16.7	16 11.9
Very Poorly				1 5.6	4 3.0
Not at All		1 6.7		2 11.1	7 5.2
Not Applicable	4 44.4	2 13.3	4 36.4	4 22.2	37 27.6
Missing Information		2 13.3	3 27.3		19 14.2
Column	9	15	11	18	134
Total	6.7	11.2	8.2	13.4	100.0

treated receiving a treatment matching their need(s) Poorly to Not at All. This percentage is larger than that for the C.P.P.T. where 35% have matches of Poor to Not at All.

Treatment Matched Operational Need: Tables C-1.3 and C-2-3.2 show the following:

(Grouped) For 43% of the T.T. Treatment Matched Operational Need(s) was not applicable or information was missing. For the 57% of the Target where it is applicable the treatment provided the client matched operational need(s) in 15% of the cases. Treatment type provided did not match operational need(s) for 85% of the Target treated. Treatment matched operational need(s) Poorly for 20%, Very Poorly for 54% and Not at All for 12%.

For 47% of the C.I.T. Treatment Matched Operational Need(s) was not applicable or information was missing. For the 53% of the Target where it is applicable the treatment provided the client matched operational need(s) in 18% of the cases. For the remaining 82% of the C.I.T. treatment matched operational need(s) Poorly 15%, Very Poorly 55% and Not at All 13%.

For 39% of the C.P.P.T., Treatment Matched Operational Need(s) was not applicable or information was missing. For the remaining 61% of the Target where it is applicable the treatment provided the client matched operational need(s) in 11% of the cases. For the remaining 89% of the C.P.P.T. treatment matched operational need(s) Poorly 25%, Very Poorly 53% and Not at All 11%.

Tables C-2-3.3(a) and (b) show cross-tabulated collapsed responses on Treatment Matched Client Need versus Treatment Matched Institution/Probation Office Need. For the C.I.T., for 5% of the cases the treatment provided the client matched both the client's and the institutional need(s) well while for 23% of the Target the treatment provided matched neither client nor institutional need(s).

Table C-2-3.2
Quality of Service
Treatment Evaluation
(Individual)

<u>Treatment Matched Operational Need(s)</u>	Monteith C.C.	T.B. C.C.	Sud. Hail. N.B. Jail	Kenora T.B. Jail	S.S. Marie Jail	Timmins Sud. P&P
Very Well	1 3.7		1 7.7		1 10.0	
Well	1 3.7	1 7.7	1 7.7		1 10.0	
Poorly	5 18.5		1 7.7			1 16.7
Very Poorly	17 63.0	2 15.4	2 15.4		1 10.0	3 50.0
Not at All		4 30.8	1 7.7			
Not Applicable	1 3.7	4 30.4	3 23.1	10 83.3	4 40.0	
Missing Information	2 7.4	2 15.4	4 30.8	2 16.7	3 30.0	2 33.3
Column	27	13	13	12	10	6
Total	20.1	9.7	9.7	9.0	7.5	4.5

Table C-2-3.2 (Continued)

Quality of Service
Treatment Evaluation
(Individual)

<u>Treatment Matched Operational Need(s)</u>	S.S. Marie P&P	N.B. P&P	Fort Frances P&P	Kenora P&P	Row Total
Very Well				1 5.6	4 3.0
Well		1 6.7		2 11.1	7 5.2
Poorly	1 11.1	4 26.7	1 9.1	2 11.1	15 11.2
Very Poorly	4 44.4	3 20.0	3 27.3	6 33.3	41 30.6
Not at All		2 13.3		2 11.1	9 6.7
Not Applicable	4 44.4	2 13.3	4 36.4	4 22.2	36 26.9
Missing Information		3 20.0	3 27.3	1 5.6	22 16.4
Column	9	15	11	18	134
Total	6.7	11.2	8.2	13.4	100.0

Table C-2-3.3 (a)
 Quality of Service
 Treatment Evaluation
 Combined Institution Target

N=40

<u>Treatment Matched Institution Need</u>	
	<u>Well</u>
<u>Treatment Matched</u>	<u>Well</u> 2 (5.0%)
<u>Client Need</u>	<u>Poor</u> 5 (12.5%)
	<u>Poor</u> 24 (60.0%)
	9 (22.5%)

$\chi^2 = 3.20 \quad p > .05$

Table C-2-3.3 (b)
 Quality of Service
 Treatment Evaluation
 Combined Probation and Parole Target

N=36

<u>Treatment Matched Probation Office Need</u>	
	<u>Well</u>
<u>Treatment Matched</u>	<u>Well</u> 1 (2.8%)
<u>Client Need</u>	<u>Poor</u> 3 (8.3%)
	<u>Poor</u> 23 (63.9%)
	9 (25.0%)

$\chi^2 = 1.72 \quad p > .05$

This result approached conventional levels of statistical significance.

For the C.P.P.T., for 3% of the cases the treatment provided the client matched both client and probation office need(s) well while for 25% of the Target the treatment provided matched neither's need(s). This result approached conventional levels of statistical significance.

Alternative Treatment(s) Considered: Tables C-1.4 and C-2-4.1 show the following:

(Grouped) In the T.T. for those clients who received treatment, 54% had no other treatment considered and 46% had. In the C.I.T., 61% had no other treatment considered than what was provided and 39% had. In the C.P.P.T., 45% had no other treatment considered and 55% had.

(Individual) All individual institution targets are similar to the C.I.T. except Sudbury, Haileybury and North Bay Jails where 80% of the clients had no other treatment considered for them, up from 61% for the C.I.T. The individual Probation and Parole targets were similar to the C.P.P.T. with the exception of Sault Ste. Marie Probation and Parole Target where 80% of the clients treated had other treatments considered, up from the C.P.P.T. (55%).

Treatment Effect: Table C-1.4 shows Grouped data and Individual responses are present on Table C-2-4.2.

(Grouped) For 47% of the T.T. clients' behaviour remained the same after treatment, 50% had improved behaviour and 3% had deteriorated behaviour.

For 60% of the C.I.T. the clients' behaviour remained the same, 36% improved and 3% deteriorated. In the C.P.P.T. treatment effects are reversed in that 34% of the clients' behaviour remained the same and for 63% behaviour improved: 3% had their behaviour deteriorate after treatment.

(Individual) Individual institutions are similar to the C.I.T.

Table C-1.4
Quality of Service
Treatment Evaluation
(Grouped)

	T.T. Percent	C.I.T. Percent	C.P.P.T. Percent
<u>Alternative Treatment(s) Considered:</u>			
Yes:	24.6% (45.8% S)	21.3% (39.0% S)	28.8% (54.8% S)
No:	29.1 (54.2% S)	33.3 (61.0% S)	23.7 (45.2% S)
Not Applicable:	18.7	22.7	13.6
Missing Information:	27.6	22.7	33.9
<u>Treatment Effect:</u>			
Behaviour Remained Same:	23.8% (47.1% S)	26.7% (60.6% S)	20.3% (34.3% S)
Behaviour Improved:	25.4 (50.0% S)	16.0 (36.4% S)	37.3 (62.9% S)
Behaviour Deteriorated:	1.5 (2.9% S)	1.3 (3.0% S)	1.7 (2.9% S)
Not Applicable:	26.1	32.0	18.6
Missing Information:	23.1	24.6	22.0

Table C-2-4.1
Quality of Service
(Individual)

<u>Alternative Treatments</u>	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins	S.S. Marie
<u>Considered:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P	P&P
Yes:	11	2	1	1	1		4
	40.7	15.4	7.7	8.3	10.0		44.4
No:	16	1	4	1	3	1	1
	59.3	7.7	30.8	8.3	30.0	16.7	11.1
Not Applicable:		2	4	8	3	1	2
		15.4	30.8	66.7	20.0	16.7	22.2
Missing Information:		8	4	2	3	4	2
		61.5	30.8	16.7	30.0	66.7	22.2
Column	27	13	13	12	10	6	9
Total	20.1	9.7	9.7	9.0	7.5	4.5	6.7

Table C-2-4.1 (Continued)

Quality of Service
(Individual)

<u>Alternative Treatments</u>	N.B.	Fort Frances	Kenora	Row
<u>Considered:</u>	P&P	P&P	P&P	Total
Yes:	5	1	7	33
	33.3	9.1	38.9	24.9
No:	4	1	7	39
	26.7	9.1	38.9	29.1
Not Applicable:	1	4		25
	6.7	36.4		18.7
Missing Information:	5	5	4	37
	33.3	45.5	22.2	27.6
Column	15	11	18	134
Total	11.2	8.2	13.4	100.0

Table C-2-4.2
Quality of Service
(Individual)

	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins	S.S. Marie
<u>Treatment Effect:</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P	P&P
Behaviour Remained	15	2	2		1	1	1
Same	55.6	15.4	15.4		10.0	16.7	11.1
Behaviour	6	2	2		2	3	5
Improved	22.2	15.4	15.4		20.0	50.0	55.6
Behaviour	1						
Deteriorated	3.7						
Not Applicable	1	5	5	10	3		
	3.7	38.5	38.5	83.2	30.0		
Missing Information	4	4	4	2	4	2	3
	14.8	30.8	30.8	16.7	40.0	33.3	33.3
Column	27	13	13	12	10	6	9
Total	20.1	9.7	9.7	9.0	7.5	4.5	6.7

Table C-2-4.2 (Continued)

Quality of Service

(Individual)

	N.B.	Fort Frances	Kenora	Row
<u>Treatment Effect:</u>	P&P	P&P	P&P	Total
Behaviour Remained	4		6	32
Same	26.7		33.3	23.8
Behaviour	5	3	6	34
Improved	33.3	27.3	33.3	25.4
Behaviour	1			2
Deteriorated	6.7			1.5
Not Applicable	3	4	4	35
	20.0	36.4	22.2	26.1
Missing Information	2	4	2	31
	13.3	36.4	11.1	23.1
Column	15	11	18	134
Total	11.2	8.2	13.4	100.0

except at Thunder Bay Correctional Centre where 50% (higher than the C.I.T.) displayed improved behaviour after treatment and 50% remained the same. In the individual Probation and Parole targets Timmins and Sudbury have 75% displaying improved behaviour after treatment; similarly in Sault Ste. Marie 83% improved. At North Bay Probation and Parole 44% of those treated remained the same, somewhat higher than that reported for the C.P.P.T. (34%).

Post-Treatment Behaviour As Treatment Outcome: Results are presented in Tables C-1.5 and C-2-5.1 with detailed supporting data in Appendix .

(Grouped) For the T.T. the post-treatment behaviour of clients is perceived as a moderately Positive Outcome for 80% of the clients and moderately Negative for 20%. In the C.I.T. the post-treatment behaviour, that is, 61% the same and 36% Improved is perceived as a moderately Positive Outcome for 85% of the clients and a low to moderately Negative Outcome for 15%. In the C.P.P.T. the post-treatment behaviour (34% Same and 63% Improved) is perceived as a moderately Positive Outcome for 73% of the clients and moderately Negative Outcome for 27%.

(Individual) Individual targets are similar to their respective grouped targets in that post-treatment behaviour is generally perceived as a moderately Positive Outcome of treatment for a larger proportion of the C.I.T. than it is for the C.P.P.T. Also, where post-treatment behaviour is perceived as a Negative Treatment Outcome it is considered only moderately so. One exception exists at the Sudbury, Haileybury and North Bay Jails Target where for 67% of the clients', post-treatment behaviour is a Moderately to Very Great Negative Treatment Outcome whereas for the C.I.T. only 15% of the clients' post-treatment behaviour was considered a Negative Treatment Outcome and moderately so.

Table C-1.5
Quality of Service
(Grouped)

	T.T.		C.I.T.		C.P.P.T.	
<u>Post-Treatment Behaviour As Treatment Outcome:</u>	Percent		Percent		Percent	
Positive Outcome:	38.1% (79.7% S)		38.7% (85.3% S)		37.3% (73.3% S)	
Negative Outcome:	9.7 (20.3% S)		6.7 (14.7% S)		13.6 (26.7% S)	
Not Applicable:	29.1		30.7		27.1	
Missing Information:	23.1		24.0		22.0	
<u>Strength Of: Positive Outcome:</u>	N=51	Ranked	N=29	Ranked	N=22	Ranked
Very Low:	19.6%	2	17.2	2	22.7%	2
Low:	7.8	4	13.8	3	∅	
Moderate:	52.9	1	51.7	1	54.5	1
Great:	13.7	3	6.9	5	22.7	2
Very Great:	5.9	5	10.3	4	∅	
<u>Strength Of: Negative Outcome:</u>	N=13	Ranked	N=5	Ranked	N=8	Ranked
Very Low:	7.7%	4	∅		12.5%	3
Low:	30.8	2	40.0%	1	25.0	2
Moderate:	46.2	1	40.0	1	50.0	1
Great:	15.4	3	20.0	2	12.5	3
Very Great:	∅		∅		∅	

Table C-2-5.1
Quality of Service
(Individual)

<u>Post-Treatment Behaviour As Treatment</u>	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins
<u>Outcome</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P
Positive	22	3	2		2	3
Outcome	81.5	23.1	15.4		20.0	50.0
Negative			4		1	
Outcome			30.8		10.0	
Not Applicable	1	6	3	10	3	
	3.7	46.2	23.1	83.3	30.0	
Missing	4	4	4	2	4	3
Information	14.8	30.8	30.8	16.7	40.0	50.0
Column	27	13	13	12	10	6
Total	20.1	9.7	9.7	9.0	7.5	4.5

Table C-2-5.1 (Continued)

Quality of Service
(Individual)

<u>Post-Treatment Behaviour As Treatment</u>	S.S. Marie	N.B.	Fort Frances	Kenora	Row
<u>Outcome</u>	P&P	P&P	P&P	P&P	Total
Positive	4	5	2	8	51
Outcome	44.1	33.3	18.2	44.4	38.1
Negative	1	3		4	13
Outcome	11.1	20.0		22.2	9.7
Not Applicable	4	3	4	5	39
	44.4	20.0	36.4	27.8	29.1
Missing		4	5	1	31
Information		26.7	45.5	5.6	23.1
Column	9	15	11	18	134
Total	6.7	11.2	8.2	13.4	100.0

Mental Health "Experience" Assists to Positive Social Adjustment: Table C-1.6 with supporting detailed Individual Tables in Appendix E shows:

(Grouped) The Mental Health "Experience" was perceived as a moderately strong assistance to positive social adjustment for 64% of the T.T., for 64% of the C.I.T. and for 64% of the C.P.P.T. Data was missing for 33% of the C.I.T. on this question and for 25% of the C.P.P.T.

(Individual) Monteith Correctional Centre shows 91% of its Target for whom the Mental Health "Experience" is considered a moderate-to-very low assistance to positive social adjustment. At Thunder Bay there is nearly a 50/50 split with the "Experience" being considered moderate assistance for 54% of the Target. Both Sudbury, Haileybury and North Bay Jails and Sault Ste. Marie Jail show the Mental Health "Experience" as not being of assistance to positive social adjustment for, respectively, 75% and 67% of their Targets.

All Probation and Parole Targets are similar to the C.P.P.T. except Kenora where a strong reversal to the C.P.P.T. is shown with the Mental Health "Experience" perceived as not being of assistance to positive social adjustment for 67% of the clients.

Table C-1.6
Quality of Service
(Grouped)

<u>Mental Health Service "Experience"</u>	T.T.		C.I.T.		C.P.P.T.	
<u>Assists Positive Social Adjustment</u>	Percent		Percent		Percent	
No:	25.4% (36.2% S)		24.0% (36.0% S)		27.1% (36.4% S)	
Yes:	44.8 (63.8% S)		42.7 (64.0% S)		47.5	
Missing Information:	29.9		33.3		25.4	
<u>Strength Of Assistance:</u>	N=58	Ranked	N=31	Ranked	N=27	Ranked
Very Low:	6.9%	4	12.9%	4	0	
Low:	17.2	3	19.4	2	14.8%	3
Moderate:	51.7	1	45.2	1	59.3	1
Great:	19.0	2	16.1	3	22.2	2
Very Great:	5.2	5	6.5	5	3.7	4

Discussion

The results clearly show that the T.T. can be viewed as a composite of several individual targets that conform to geographical and Ministry operational limitations. Specifically, the C.I.T. (N=75) and the C.P.P.T. (N=59) are described as meaningfully different targets which are broken down further into individual targets whose client profiles, mental health service and service evaluations are each unique along various dimensions. Accordingly, this discussion will treat the C.I.T. and C.P.P.T. as two separate targets deserving macro-level discussion and while each individual target can be said to be unique, three targets whose size is greater than 5% of their respective total populations will have their highlights discussed.

The C.I.T.: (N=75)

Client Profile: Slightly older than the C.P.P.T., and older than the average inmate in Ontario jails and institutions, the average age in this Target is 27.5 years. Ninety-six percent are males and nearly two-thirds are married or are living common-law; 13% are separated or divorced. They have achieved an average grade level of 9.3 and 60% work as general labourers with 40% forming a heterogeneous occupation group including some highly skilled occupations.

Nearly 64% are sentenced and 25% remanded into jail custody. Almost one-half have Property charges, one-quarter Public Order and Peace charges, 16% charges for Offences Against the Person and 3% have Moral charges.

Fifty percent of those sentenced have sentences up to one year, the mean sentence being 11.0 months; however, one-third of the sentenced group are sentences of six months or less.

Seventy-three percent have had prior contact with the correctional system: 43% had prior probation; 13% have been in training school; 41% have had jail terms; 37% have been incarcerated

in a correctional centre and 9% have been on parole.

Fifty-three percent have had prior contact with the mental health system: 44% have been treated by a psychiatrist; 20% have been treated by a psychologist; 7% by a counsellor and 34% have had psychiatric institution care.

Nearly forty-nine percent of this Target had received treatment for Interpersonal Problems and Alcohol Problems with forty-six percent having been treated for Severe Psychiatric Problems.

Individual In-patient Counselling had been provided to 74% of the Target with Chemotherapy and Out-patient Individual Counselling also being prominent treatments provided.

Mental Health Service: For 37% of the C.I.T., identification was for Assessment, 28% were identified specifically for Treatment and 35% for Assessment and Treatment. The clients were identified primarily by the Court and the client himself was an identifying source in nearly 40% of the cases. The Court's major request was for assessment of suitability to stand trial.

The clients in the C.I.T. were identified as a result of displaying two behavioural symptoms per client with nearly 48% being identified, in part, for "Other" behaviours, such as mental retardation, the nature of the offence and having a history of alcohol and drug abuse; however, 40% were identified for Aggressive/Hostile behaviour and 35% for being Withdrawn/Depressed. Severe psychiatric symptoms were not prominent in identification. When the client was identified because of an operational problem it was because the institution's resources were not adequate to meet the inmate's need(s) and the inmate was a major custodial problem.

When the client was identified for Assessment it was not provided in 15% of the cases and assessment dispositions were unknown for another 7% (total 22%); however, nearly 58% of those identified

for Assessment and who received it had treatment recommended. Institution medical/treatment staff were the primary source authorizing assessments.

When the client was identified for Treatment it was provided for 77% and not provided for 16%: one month after identification nearly one-third of those clients who had not been treated were still "referred" and nearly 40% were in segregation.

A ratio of two treatment types was provided per client treated with 64% of the C.I.T. receiving Ministry-provided treatment, in particular, In-House Counselling to 75%, a Specific Treatment Programme to 48%, one-third were given Chemotherapy and 20% were segregated as a treatment intervention.

The non-Ministry-provided treatment, provided to 19% of the C.I.T., was primarily Forensic Assessment in combination with one other treatment type, including a higher provision of Chemotherapy than provided to the C.P.P.T.

Service Evaluation: Assessment was provided the same day as requested for one-quarter of the C.I.T., within one week for another 41%; however, nearly 14% had not received Assessment one month after it had been requested.

Treatment was provided the same day as requested for nearly one-quarter of the Target, within one week for another 37%; however, 20% had not been treated one month after they had been identified.

When assessment was provided and treatment not recommended institution personnel were generally not in support of the assessment decision as the clients were perceived as continuing to provide two operational problems: major custodial and demanding resources the institution did not have.

When treatment was provided, it was perceived as matching the clients' need(s) "Well" in 65% of the cases; however, for 35%

treatment matched clients' need(s) "Poorly" to "Not at All". The treatment matched the Operational need(s) of the institutions and jails "Well" in only 18% of the cases. Furthermore, in 60% of the cases when the clients' need(s) were matched "Well", the institution's were matched "Poorly" and in 23% of the cases neither the clients' nor the institutions' need(s) were matched "Well" by the treatment provided. It is noteworthy, however, that for 61% of the clients treated in the C.I.T. no other treatment than that provided had been considered.

After treatment, client behaviour remained the same for nearly 61% and improved for 36%: it deteriorated in 3% of the cases treated. This treatment effect was perceived as a moderately-positive treatment outcome, indicating a willingness on the Institutions' part to consider behaviour maintenance as treatment success, a view not held by Probation and Parole.

In summary, the mental health "experience" was perceived by Institution staff as a moderately-strong assistance to 64% of the clients in their attempts to achieve positive social adjustment.

The C.P.P.T.: (N=59)

Client Profile: With an average age of 24.9 years, the clients in the C.P.P.T. are more than 2.5 years younger than inmates identified in the C.I.T. Eighty-one percent are males and 19% are females. The Target's overall marital status is similar to the C.I.T.: nearly two-thirds are married or are living common-law and 13% are separated or divorced. They have achieved a lower average grade level than the C.I.T., as their mean grade is 8.5 and fewer are employed with 15% working as labourers (compared to 40%) and nearly one-quarter are chronically unemployed.

More clients (86%) in this Target are sentenced than in the C.I.T. and 12% are remanded, some of whom are in jail custody.

Clients in the C.P.P.T. have similar charges to the C.I.T., following the order of Property (45%), Public Order and Peace (25%), Person (16%); however, more have charges for Moral offences (10%).

Nearly 60% have been sentenced to probation of more than one year and 20% of those are sentences greater than 24 months with the mean probation sentence being 22.9 months.

Seventy percent, slightly fewer than the C.I.T., have had prior contact with the correctional system: 58% have had prior probation; 10% have been in training school; 67% have had jail terms; 34% have been incarcerated in a correctional centre and 9% have been on parole.

Nearly 75% of this Target have had prior contact with the mental health system, a notable 22% more than in the C.I.T.: 60% have been treated by a psychiatrist; 27% by a psychologist; 14% by a counsellor and 34% have had psychiatric institution care.

Nearly 66% of this Target have been treated for Social Problems with Family and Interpersonal Problems ranked next. Fifty percent, similar to the C.I.T., have been treated for Alcohol and Drug Problems; however, only 29% have been treated for Severe Psychiatric Problems whereas 46% of the C.I.T. have been.

Out-patient Individual Counselling had been provided to 73% of the C.P.P.T. with Chemotherapy having been provided to twelve percent or fewer, notably less than that for the C.I.T.

Mental Health Service: Nearly one-half of the C.P.P.T. were identified for Assessment and Treatment, 19% specifically for Treatment and less than one-third for Assessment only. The Court was a prominent source of client identification, primarily recommending treatment as a condition of probation. The client was less involved in this Target than the C.I.T. in his/her own identification while Probation staff were more involved (34%) than

institution staff.

The clients in the C.P.P.T. were identified as a result of displaying nearly three behavioural symptoms per client with 56% identified for Aggressive/Hostile Behaviour, 42% for displaying Tremendous Mood Swings and 42% for Other behaviours. Sixty-one percent of the Target (nearly 22% more than the C.I.T.) provided the Probation Service with operational problems: almost one-half of that group would not respond to probation sanctions; and nearly 44% had need(s) for which the Probation Offices had inadequate resources. Considerably fewer in this Target than the C.I.T. caused a major custodial problem.

When the client was identified for Assessment it was not provided in nearly 9% of the cases and assessment dispositions were unknown for another 9% (total 18%); however, nearly 68% of those Assessed had treatment recommended. The Court and non-Ministry psychiatrists were the primary authorizing sources of assessments.

When clients were identified for treatment it was provided in 73% of the cases and not in 27%: Non-Ministry-provided treatment was given to 61% of those treated and Ministry-provided treatment to 46%. The ratio of non-Ministry-provided treatment types to clients in the C.P.P.T. was 2.3:1, only slightly higher than the C.I.T. The treatment provided was Forensic Assessment to 46% of the clients and primarily Out-and-In-patient Individual Therapy.

Forty-six percent of the C.P.P.T. received Ministry-provided treatment, fewer than in the C.I.T., and the number of treatment types per client was also less than in the C.I.T., with 56% of the C.P.P.T. receiving In-House Individual Counselling in combination with other treatment types to make a ratio of 1.4 treatments per client.

Service Evaluation: Assessment was provided the same day as requested for one-quarter of the C.P.P.T., within one week for another

42%; however, nearly 13% had not been assessed one month after request. This is similar to the C.I.T.

Treatment was provided the same day as requested for nearly 9% of the Target, considerably fewer than in the C.I.T. (25%); and within one week for another 41%; nearly 21% had not been treated one month after being identified for treatment.

When assessment was provided and treatment not recommended probation and parole staff did not support 83% of those assessment decisions as client behaviour remained the same as that leading to assessment request.

When treatment was provided it was perceived as matching the clients' need(s) "Well" in 65% of the cases and as matching Operational need(s) "Well" in only 11% of the cases. In 64% of the cases when the clients' need was matched "Well", the probation office's operational need was matched "Poorly" and in 25% of the cases neither the clients' nor the offices' need(s) were matched "Well" by the treatment provided. In nearly 55% of the cases, almost 10% more than in the C.I.T., another treatment than that provided was considered for Probation clients.

After treatment, client behaviour remained the same for 34% and improved in nearly 63% of the cases: this is the reverse of treatment effect in the C.I.T. Similar to the C.I.T., 3% of C.P.P.T. displayed deteriorated behaviour after treatment. However, the treatment outcome was considered a moderately-positive outcome for 73% and a moderately-negative outcome for 27%. While more of the C.P.P.T. clients displayed improved behaviour after treatment, the treatment outcome was considered less successful by probation staff than the outcome for C.I.T. clients by institution staff. It appears that probation staff has a greater expectation of treatment than do institution staff while C.P.P.T. clients are actually exposed to less

treatment and their behaviour improves more relative to C.I.T. clients.

In summary, the mental health service "experience" was perceived by probation staff as a moderately-strong assistance to 64% of the clients in their attempt to positive social adjustment, an overall conclusion similar to the C.I.T.

Three Individual Target Highlights: Monteith Correctional Centre: Of the institution's total population 27 or 5.3% were identified in the four month study period as in need of mental health service.

Nearly 40% of the Target are married and a very high 82% have had prior contact with the correctional system. Nearly one-half of the Target identified themselves for treatment, the highest proportion of self-identification reported. However, all of these clients were also considered a source of operational problems to the institution, many of them segregated until they could be assessed by the medical/treatment staff. Additionally, all who were identified for assessment received it and the prominent treatment was as a participant in the institution's Short Term Alcohol Treatment Program. For 90% of those in the Target this mental health experience was perceived by staff as a low-to-moderately-strong assistance to positive social adjustment.

Thunder Bay Correctional Centre: Thirteen or 6.7% of the institution's total population were identified in need of mental health service. This Target is the youngest one identified, with a mean age of 20.2 years and nearly 85% are single. Furthermore, 85%, the highest reported percentage, have had prior contact with the correctional system, 84% having previously been in a correctional centre, a greater number than in any other Target. Institution staff were involved in the identification of 77% of the Target, and when the Court was involved It had recommended treatment as a condition of sentence.

A very high ratio of 3.1 behavioural symptoms per client was cited in client identification, with 64% being described as Aggressive/Hostile and 54% as Withdrawn/Depressed. Seventy percent of the Target were considered an operational problem with one-third providing major custodial problems.

Of those identified for assessment, one-third had not received it after one month from request and 30% of those who were assessed were not recommended for treatment.

Of those who received treatment, 50% improved (considerably higher than the C.I.T.) and 50% remained the same. However, the institution personnel perceived this treatment outcome as moderately-positive, indicating a higher expectation of treatment, especially as they perceived the mental health "experience" as a moderately-strong assistance to positive social adjustment for 50% of the Target, presumably those for whom treatment had improved behaviour.

Kenora Probation and Parole: Eighteen or 17.5% of the Kenora Probation and Parole caseload of 104 were identified in need of mental health service. Fifty percent of this group, the highest reported percentage, are chronically unemployed.

Clients in the Target have had previous contact with the correctional system similar to the C.P.P.T., however, 17% (nearly 7% more than the C.P.P.T.) have been in training school, indicating earlier contact.

A relatively higher number of clients in the Kenora Probation and Parole Target have charges for offences against the Person and Moral, a notable number having been identified for mental health service as a result of the nature of the offence (i.e. indecent assault; rape; offending while intoxicated).

The primary type of Treatment for those in the Target having had prior contact with the mental health system was individual

counselling provided by a counsellor, rather than a psychiatrist or psychologist as in other targets.

The clients in this Target were identified for Assessment by the Court, nearly 28% for assessment of suitability to stand trial and 39% for assessment and treatment as a condition of the Probation Order. Probation staff were also an identifying source in 61% of the cases, the highest reported involvement of staff in client identification. A very high 3.4 behavioural symptoms per client resulted in identification with one-third having attempted suicide, nearly 78% displaying Aggressive/Hostile behaviour and 72% displaying Tremendous Mood Swings and "Other" symptoms, such as: gas "sniffing" and extreme violence.

While 61% of the C.P.P.T. provided operational problems to probation offices, Kenora reported 83% providing operational problems: 34% would not respond to probation sanctions and 26% caused major custodial problems.

All but one case were identified for Assessment (and Treatment) and 67% of those assessed had treatment recommended. However, for 12% of the group assessed, the Probation Staff were unaware of the assessment disposition one month after it had been requested.

Of those recommended for treatment a relatively high percentage (61%) received it with both assessment and treatment having been provided shortly after request for the majority of cases. However, Staff did not support any of the assessment decisions when treatment was not recommended and the treatment, generally out-patient individual counselling, was perceived as a "Poor" match for client need in nearly 43% of the cases (up from 34% for the C.P.P.T.).

Furthermore, for 67% of the Kenora Probation and Parole Target the mental health "experience" was not considered to be of assistance

to the client his/her efforts toward positive social adjustment.

In discussing the previous Targets it can be seen that they are composed of unique client populations whose correctional and mental health histories and currently identified mental health service needs vary greatly. The variety is attributable to the client himself, the treatment resources available in the particular institution and community, the nature of the institution and the involvement and expectation of Ministry staff.

Some general themes are present, however, and are noted as follows: - the larger percentage of probation clients who are chronically unemployed, younger and less educated than institutional clients;

- the tendency for inmates identified in the C.I.T. to have received more in-patient mental health treatment for severe psychiatric problems;

- the stable number of clients, between 13% and 20%, for whom neither assessment nor treatment is provided one month after it had been requested (with a high 40% of those in the C.I.T. segregated for that month awaiting treatment);

- the pattern of probation clients receiving non-Ministry provided treatment, being provided with less treatment types than institutional inmates receive in institutions, and then displaying improved behaviour after treatment;

- the higher expectation of probation staff than institution staff of treatment outcome;

- the willingness of institution staff to view behaviour maintenance as treatment success;

- the high number of cases identified for assessment and for whom it was either not provided or the Ministry personnel were unaware of assessment dispositions;

- the strong non-support of assessment decisions by Ministry staff when treatment has not been recommended;

- the strong evaluative statement that in 25% of the Probation cases treated and 23% of the inmates treated neither the client nor the operational need(s) were met by the treatment provided;

- the tendency for probation staff to consider alternative treatments than that provided more often than institution staff.

Implications

Beyond these general observations the study has demonstrated the unique aspects of local targets. In doing so it suggests that mental health service models be constructed in accordance with local requirements rather than an adoption of any one of the broad models presented in the introduction to the study.

For example, let us examine some of the possible conclusions that could be drawn from the three individual targets discussed previously: At Monteith Correctional Centre, the assessment and treatment response rate is relatively fast and most clients receive treatment in the institution's Short Term Alcohol Treatment Programme (a somewhat eclectic and open-ended treatment programme). The clients are involved in their own identification for treatment, often following a pattern of being segregated and then requesting treatment upon intervention and assessment by the treatment staff. However, the treatment is not considered a strong assistance to clients and the institution seems to be habitualized in this client-identification-standard treatment pattern.

It could be suggested, since such a large percentage of the institution's clients are identified (5.3%), that a new approach to treatment be established. Monteith Correctional Centre could be identified as a treatment-strong institution, prepared to accept, classify and treat inmates in a comprehensive program designed and

resourced to meet treatment needs identified in this study. The centre could function as a mental health unit within the Northeastern part of the Ministry's Northern Region. Beyond having an institution-based treatment milieu the Centre could, through the services of an attending psychiatrist, be responsible for Forensic Assessments as requested by the Courts. The Tennessee model (Laben et. al.) of para-professionals in place in related northern communities would be appropriate. These para-professionals would be trained and authorized to perform first-line assessments for the Courts and where there was evidence of psychological/psychiatric disorder the client could be referred to the Monteith Treatment Centre for thorough assessment.

At Thunder Bay Correctional Centre, it might be concluded that the staff, who were highly involved in client identification, have selected a group who are not so much in need of mental health service as the institution is in need of assistance in coping with the operational problem this group presents. The Target is documented as a very young, acting-out group, 84% of whom had been in a correctional centre before. Furthermore, 30% of those who were assessed did not have treatment recommended and a high number (50%) of those treated improved their behaviour (suggesting that their disorder may not have been profound).

The dynamic here could be that of a young, corrections-wise, acting-out group who are a custodial-management problem for correctional staff being "translated" into a mental health service target.

This suggests something very different from mental health service models and calls for an examination of custodial-correctional practices, including inmate classification to the centre, and inmate management. However, this conclusion is largely academic as it lacks the full analysis and input of local staff.

At Kenora, the presenting Target is documented as a very problematic, aggressive group with histories of mental health treatment need(s) and behavioural symptoms that are not being matched by the Probation Office or its resources in the community. The available treatment is out-patient individual counselling, strongly perceived as not suitable to client need(s). The data do suggest that, more appropriately, a treatment centre be designed with in-patient and out-patient programmes with a treatment proficiency in substance abuse. However, this conclusion should be a matter of local consideration and discussion as other factors may be more significant, such as the judicial sentencing practices; perhaps this group is inappropriately sentenced to probation when incarceration and treatment would be more appropriate. If so, the Bull's Eye model presented by Meen might be more appropriate with primary substance abuse treatment being provided in the Kenora Jail with resources in the correctional and non-correctional community being supportive along a continuum of treatment and correctional management.

Summary: Sufficient variety exists in individual targets to warrant further discussion of the study results with local Ministry administrators. Conclusions and implications drawn-at-a-distance, as above, lack the advantage of complete local-level understanding. Accordingly, the following recommendations are made: 1) all Target-points should be provided with a copy of this study and a general on-site de-briefing session provided by the researcher;

2) thorough, structured local-level discussions, using this study as an administrative tool, be undertaken to evolve appropriate models beginning with the more prominent Target areas:

- a) Kenora
- b) Thunder Bay
- c) Monteith/Timmins

3) in co-operation with Ministry of Health, an ongoing monitoring and evaluation system be established at the North Bay Psychiatric Hospital "forensic unit" which was opened in October, 1980, two months after completion of the data collection for this study. This monitoring and evaluation system should be developed in consideration of the results for the relevant catchment area of the "unit" as presented in this study (i.e. Haileybury south to Parry Sound and Sault Ste. Marie east to North Bay).

Recommendations

Methodological Considerations

A subjective-perceptual evaluation employing a client-data matrix was chosen for this study rather than either of two other approaches to the problem: long-term causal and recidivism. The strengths of the subjective-perceptual evaluation have been demonstrated, as evident in the Discussion and Implication section where the dynamics of client identification and service for three highlighted Targets are presented. The strengths of the approach will be elaborated here with a view to the other methodological approaches and what might be considered the peculiar weakness of the subjective-perceptual approach itself.

A long-term causal evaluation, which would have involved detailed examination of selected client samples and/or treatment/programme groups, was considered inappropriate for the problem, given its correctional theoretical context (as referenced in the treatment and programme evaluation literature cited in the Introduction) and its organizational context (including a Ministry Task Force examining specific mental health service delivery models). Furthermore, given the development and scope of the problem area, it seemed pre-mature to examine a narrow field using a method of detailed recording and follow-up of programme input/outcomes with extensive and protracted post-treatment follow-up. A long-term causal study was perceived, at best, as a useful parallel or subsequent approach to the problem area, to correlate and possibly cross-validate specific observations and results.

A recidivism study was, similarly, viewed as an inappropriate methodological approach to a research undertaking which sought to describe a previously undescribed group of clients

providers.

This, too, is precisely the point upon which the weakness of the approach can be found. The data presented, while submitted on standardized questionnaires within systematic procedural guidelines, are as strong or representative as the effort and expertise displayed at the local level in compiling them.

Accordingly, target sizes, target descriptions, service descriptions and service evaluations are based upon subjective-perceptual input from local service personnel functioning as research assistants in the study: therefore they may be viewed, simultaneously, as strong or weak, and likewise the entire approach to the problem. It is this writer's contention that they are very strong and very useful, providing the study as a process, now moves to an action, follow-up phase as recommended in the Implication section and as described in some detail here.

Action Phase: A Recapitulation

It is inappropriate to suggest that the action aspect of this thesis begins now that the study data are collected, analysed and discussed. It is not inappropriate, however, to view the activity required at this point in the study as a phase that is an organic, and intrinsically necessary development of the research process pursued in this thesis.

For practical purposes, this study did not commence, in the eyes of field service providers, until they were engaged as research assistants for data collection purposes one year ago, that is, March, 1980.

However, as illuminated in the Introduction, the study grew from a formalized contact with the Ministry's senior level Task Force in 1978 with the subsequent submission of a position paper in early 1979. Essentially then, the study was in a nebulous, embryonic stage

a full three years prior to this writing.

It evolved through the stages of system contact and entry, during which the researcher became sensitive to the organization and problem area, to a literature review and position paper, to a formal research proposal and subsequent study completion.

At each stage and point throughout that evolving process, the writer was engaged in an active, emerging intercourse with various organization systems, components and personnel. Furthermore, this process demanded process consultation skills, including an ability to be non-obtrusive while simultaneously building trust with Ministry personnel throughout the organization and demonstrating an emerging sense of expertise in the problem area as it took on focus and definition for the researcher and organization.

Therefore, inasmuch as this thesis is in part a product, it is also a process that has momentum and trajectory. In this context it could be declared that the action stage, per se, of the research has arrived and it is this writer's belief that unless that momentum is potentiated, this endeavour will have minimum yields for clients and service delivery personnel, notwithstanding a tangible product, the study, and ancillary developments that have occurred along the way, such as sensitizing the organization to client needs and information and resource sharing.

With a view to organic necessity, as it has here been described, the following Action Sketches for the three Targets highlighted in the Discussion section are suggested.

Action Sketch

Monteith Correctional Centre

Conceptual Frame of Reference:

As stated in the Discussion, the data suggest an institutionalized dynamic of inmate identification, segregation,

intervention by treatment staff and referral to an in-house eclectic alcohol (and drug) treatment programme. It is suggested that this stylized engagement of correctional and treatment components of the institution is ostensibly a cohesive, relatively efficient but not effective mental health service to clients.

Furthermore, it is implied that the institution, given the relative size of its Target and considering its treatment resources and location, could be developed into a treatment milieu eventually providing mental health and forensic services to the broader correctional community.

This conceptual frame of reference, from the dynamic described to the potential role the institution could play in mental health service delivery has been extrapolated from the data. Of primary interest to the researcher-consultant would be an early confirmation of whether the institution's pattern of service, as described, is a reality, and further, if it is, whether it will/can be recognized and acknowledged by relevant staff.

It is considered that components of the pattern, in particular, the dorm level (custody correction-specific) surfacing of inmates and their segregation, the engagement process and type of intervention by treatment staff, and the specific treatment programme each require independent examination and then a collective consideration of how these parts function as a whole (the service network).

The Consultation Plan:

As recommended in the Implication section, a debriefing session should be held at the institution. The institution Superintendent should be forwarded a copy of the study prior to this session and it should be suggested that the Superintendent, the treatment staff involved as Research Assistants, and a few selected

staff (including correctional personnel) be in attendance. The availability of the researcher to provide follow-up consultations should also be presented for the Superintendent's consideration. Prior to the site visit it should be established between the Superintendent and researcher whether, in principle, there is a preparedness on the Superintendent's part to pursue a consultation.

The debriefing session (ideally the first of a series of consulting sessions) would begin with an overview of the study, its background and rationale, with an audio-visual presentation of the general findings and a complete description of the institution Target: client profile; service evaluation.

The goals of this session would be to establish the study, per se, in its overall Ministry context and to provide institution staff with feedback in a manner which begins a process of trust building between the researcher-consultant and institution management/staff.

It is noteworthy that the research study and Results will likely be perceived as "belonging to" the Researcher (and perhaps the treatment staff involved in data collection). By focusing on the data, initially in a non-judgemental didactic fashion and then in group discussion, it is planned that a firm, relatively objective basis will be found from which spontaneously formed implications can be discussed.

Once this stage of discussion has been achieved and explored, the session would be brought to a close with the type and amount of further involvement by the consultant negotiated.

Assuming a felt endorsement of further involvement, one of two options would be presented (depending on the session's progress):

a) a second meeting could be established following a period during which all participants would digest the first meeting and be

required to return for further discussions focusing on more clearly formulated implications of the data; or

b) the consultant could assist mixed subgroups (composed of administrative, treatment and correctional staff) in expressing and then formally articulating their response, as a subgroup, to the data and their action-oriented implications.

Option b) has the advantage of generating team-building experiences crossing organizational/functional lines and fostering group ownership of the forthcoming implications and action suggestions. The disadvantage in forming subgroups early in the process may be that of shortcircuiting existing infrastructure which could, if left alone, encourage an institution-level internalization of and response to the first session without any interference possibly presenting in the researcher-consultant's person.

However, the sessions subsequent to the de-briefing would be a negotiated item, considered in the confirmed (modified or denied) context of the consultant's conceptual frame of reference.

Thunder Bay Correctional Centre

Conceptual Frame of Reference:

The data for this institution suggest the dynamic in operation is that of a "translating" of correctional-custodial inmate management problems into mental health problems. More precisely, a young, active corrections-wise group of inmates are being referred on acting out to mental health staff who either assist in client behaviour maintenance (with return to the general inmate population) or support/facilitate a removal of the inmate to another more secure setting.

This dynamic suggests that an existing resource, the mental health staff, is being engaged in a service to the institution vis client control and management in addition and likely over-and-above

conventional treatment provision to appropriately referred inmates.

Accordingly, the emphasis in the consultation would be, at least initially, towards confronting senior Institution staff and perhaps regional-level management personnel with this dynamic. The process is perceived as potentially a confrontation because it moves the study, at the impact stage (and action phase) beyond consideration of mental health service into the core area of correctional practice - in a relatively judgemental manner. That is, the issue is not only the internal use of mental health staff but the day-to-day practice of correctional staff and the institution as it functions as a correctional component of the Ministry (at a regional level) and within the conventional philosophies and goals of corrections as a discipline.

This conceptual frame of reference introduces what might be considered as a meta-level issue and consultation process: it goes to the essence of the institution's performance. Therefore, a meaningful action plan must articulate the steps to address the meta-level while at the same time not neglecting specific mental health service issues and the interests of treatment staff who assisted in data collection. Consistent with this is the cautionary note that the data, prepared by mental health staff, may reflect only their view of the institution and therefore, may be a biased (and unsupported) perception that, upon disclosure to senior administration, unintentionally alienate the treatment staff. Should this be the case, efforts to re-conceptualize what the data implies and consultation directed at aligning divergent perceptions may be necessary.

The Consultation Plan:

The presenting dynamic, as extrapolated from the data provided by the treatment staff, should be shared with treatment

sessions of mixed groups. This analysis stage would be aimed at identifying the conceptual and functional aspects of the institution which are operationalized as the dynamic. Possible areas of examination would be the conscious/unconscious role of the institution; its image and goals; the skill level of correctional staff in managing inmate behaviour; the perceived role of treatment staff in the institution; the perception of the inmate population - their character, needs and behaviour expectations.

In engaging staff in analysis of the dynamic it is hoped that explicit and implicit concepts and processes will be explicated in a problem-solving atmosphere including the expressed endorsement of the process by senior management.

The assessment forthcoming from these sessions will then be presented to the Superintendent with a recommended set of interventions, which may include a proposal for goals classification, team building, training experiences for correctional staff, regional-level consultation vis a vis the institution role and capabilities.

Kenora Probation and Parole

Conceptual Frame of Reference:

The Target, comprising nearly 18% of the Probation Office caseload, is described as an aggressive, substance-abusing group of clients who are not receiving adequate mental health service, which is generally outpatient individual counselling, and who, for one third of the cases, present a major custodial problem thereby engaging the Kenora Jail in custody.

While a pressing need has been documented in the data, and explained in the Discussion and Implications section, it is unclear at this point what the full dynamic is. Accordingly, two scenarios for substance abuse were presented in the Implication section with a further allusion to sentencing practices in Kenora: it was

posited that the Judiciary may be inappropriately sentencing offenders to community supervision on Probation when the offenders criminal activity and behaviour warranted incarceration.

Given this lack of clarity, the consultation plan is not pre-formulated to specific levels of detail, but focuses instead on data sharing and is process-oriented.

Consultation Plan:

A de-briefing session involving Probation staff and Jail management and treatment staff should be provided by the researcher. The format would be a didactic presentation of the study results pertaining to the Kenora Target. The researcher would also present the service scenarios that he has articulated with a view to obtaining clarification of the implications of the data and the development of possible action plans.

By involving both Community and Institution staff from the beginning it is intended that a forum for action planning around a Target which engages both groups would be established at the outset. This is seen as critical in a resource - thin community and in view of the strong probability that this "correctional group" may be approaching the judiciary and/or mental health treatment personnel in the "non-correctional" community to improve service to clients. In a community where professional resources are already limited and will not likely be forthcoming, it is considered that a consultation role aimed at optimizing the existing service delivery system is one of the more realistic approaches to this area: details of consultation will have to evolve while resource team-building is fostered.

Appendix A
Data Input Points Listed

Data Input Points

Monteith Complex
Thunder Bay Correctional Centre
Haileybury Jail
Parry Sound Jail
Thunder Bay Jail
Fort Frances Jail
Kenora Jail
Sault Ste. Marie Jail
North Bay Jail
Sudbury Jail
Timmins Probation and Parole
Cochrane Probation and Parole
Kapuskasing Probation and Parole
Moosonee Probation and Parole
Sudbury Probation and Parole
Espanola Probation and Parole
Little Current Probation and Parole
Manitowaning Probation and Parole
Sault Ste. Marie Probation and Parole
Chapleau Probation and Parole
Blind River Probation and Parole
Wawa Probation and Parole
North Bay Probation and Parole
Sturgeon Falls Probation and Parole
Hayleybury Probation and Parole
Kirkland Lake Probation and Parole

Bracebridge Probation and Parole .

Huntsville Probation and Parole

Parry Sound Probation and Parole

Fort Frances Probation and Parole

Atikokan Probation and Parole

Kenora Probation and Parole

Appendix B
Research Assistant's Package

Date March 5, 1980

Name/Title/Branch

To Managers and Research Assistants

Name/Title/Branch/Phone

From B.C. Hoffman, Acting Deputy Regional Director (Northern)

(705) 67507582

Address/City/Postal Code

229 Edmund St., Sudbury P3E 1M1

Subject

Mental Health Services for Ontario Clients:

A Target Population and Service Description

With an Evaluative Component

Approval has been granted by the Ministry's Research Advisory Committee to undertake the above-noted study. The research is to include all clients in the Northeast and Northwest Regions, Probation and Parole, and all inmates in Institutions, Northern Region.

I have had the opportunity, under considerable time pressure, to talk with a number of you and in all cases those of you with whom I discussed the project were enthused about its relevancy to our needs. Consequently, I have received a lot of personal co-operation in agreements from you to assist me in the collection of data. To those of you whom I have not had the occasion to speak with, your assistance in this study is respectfully requested.

This is a very big study; the data collection commences March 15, 1980 and ends July 15, 1980. It involves

assistance from Institutional and Field Service Staff, a total of 39 research assistants for data collection purposes!

The study is in partial fulfilment of my own personal requirement for a degree of Master of Arts in Psychology: it is also a project required of me by the Ministry as negotiated in the context of educational assistance, support that was afforded me by the Ministry in 1978.

The research I selected to do is very relevant, I think, to our needs as a Ministry vis-a-vis our clients, especially when so many of us are saying these days that client and inmate needs are demanding resources of us that we either don't have or have an inadequate amount. I hope this research goes a long way toward substantiating speculation and assisting the Ministry in planning along the lines of mental health services.

This research could not be done without your help. Therefore, thank you in advance, and welcome aboard a potentially exciting study.

I have attached a package of information which I hope is self-explanatory. I will be seeing a number of you personally in the immediate future, I'm available by phone and will be in touch as soon as possible.

B.C. Hoffman,
Acting Deputy Regional Director
(Northern),
Ministry of Correctional Services
229 Edmund Street
Sudbury, Ontario P3E 1M1

Tel.: office - 675-7582

home - 674-8512

Enclosures: Abstract;

Definition Statement;

1 copy Guideline for the Report;

1 copy Mental Health Services Report;

Instructions to Research Assistants

Instructions to Research Assistants

Mental Health Service Report

Probation and Parole: NE/NW Regions

Institutions (N)

March, 1980

General

Confidentiality

Naturally Institution/Field office (MCS) staff will be involved and likely related service agencies - please treat the report as confidential as we treat similar material concerning our clients.

Responsibility for Report

You must assume the responsibility for the Report - its initiation; care and completion. Use others (including myself) as resources but keep the Report under your personal attention.

Value - Judgement Questions

All questions that beg a statement reflecting "your" position or opinion are to be answered in as accurate terms as you can by attempting to reflect the position/opinion/comment of the "Institution" or "P & P Office" that you represent, therefore consensus makes sense, where available.

Protecting the Data

Please keep a copy of each Report you fill out - this information might get lost in the mail, etc. and you may find the data to be of interest to your operation once the

study is done, analysed, etc.

Forwarding the Report

One month from the time you "pick" the client/inmate up as a subject for the study is the maximum before forwarding the completed Report to me. Whether treatment is in action, the case in limbo (or whatever) the one month time limit must be observed. A random sample of clients/inmates from the NE area of the study will be interviewed by myself; therefore it is imperative that at the termination of the "Mental Health Service experience" or not greater than one month from "pick-up" the Report be sent to me.

Specifics

The attached Mental Health Service Report with notes in the margins, etc. - is a guide to specific reporting - please follow it closely. I expect a number of questions at first until we get used to it and also, at any time, please check with me on any problems you have.

Mental Health Service

Problem of Definition

The purpose of this research is captured briefly in the abstract (copy attached). However, to give you more background, and to put the problem into perspective, I have also included a copy of a section of the Research Proposal which looks at Definition - of Mental Health Disorder - please read it to get a feeling for the broadness of the definition and you will appreciate that we are breaking

some new ground in this study, along with dealing with some very sloppy background on the problem. For your information the following list reflects my concept of "Mental Health Services" (reference page 5 and 6 of the Report).

Ministry and/or Non-Ministry Provided:

Forensic (Psychiatric) assessment

Psychological assessment

Individual counselling (Psychiatric or Psychological)

Group counselling (Psychiatric or Psychological)

Chemotherapy

Isolation/Segregation, as an intentional treatment intervention

Specialized Programmes: Drug/Sex/Alcohol Abuse

O.C.I.

G.A.T.U.

Other

Abstract

Human services and program evaluation literature suggests that correctional policy must be formulated in the context of an Empirical Penology that begins with the data of corrections (Conrad, 1973; Newman and Price, 1977; Law Reform Commission of Canada, 1976). Furthermore, data collection and program evaluation activity should be consistent with the requirements of economy and expediency placed upon policy-makers and program planners while being responsive to the goals of social science methodology (Freeman, 1977).

The Ontario Ministry of Correctional Services is currently involved in policy discussions concerning the future provision of mental health services to its clients. As part of these discussions, a Ministry Task Force is examining mental health service delivery models. However, standardized descriptive data of the existing client target population and the current service is not available. Also, service delivery evaluation statements designed to include client and Ministry personnel perceptions are not numerous.

Therefore it is proposed that a study be undertaken to describe the target population, the mental health service currently provided and to provide a service evaluation statement.

i. Definition

The M.C.S. Task Force on Mental Health Services has reduced a comprehensive list of operational problems and behavioural symptoms (see ii below) used Ministry-wide to identify mentally disordered clients to a working definition of "mentally disordered." The Task Force, in its First Report, 1979, stated that:

"Definitions of mental disorder in medical or psychological terms are tied to their specific disciplines and are thus of limited use, given the multi-disciplinary and operational context of the Ministry. The 'working definition' of mental disorder in this report is a functional one, presented in operational rather than clinical terms. For the purposes of this Report, mentally disordered clients can be defined as follows: Mentally disordered clients are those who as a consequence of their disturbed state, cause serious custodial problems or cannot participate in normal Ministry programs."

ii. Operational Problems

Operational problems and behavioural symptoms list.

- unable to function within the normal population of the institution,
- behaviour causes major custodial problems,
- do not respond to normal sanctions such as loss of privileges, earned remission, or confinement,

- do not respond to the normal sanctions associated with a probation order or parole certificate,
- needs unusual care in daily functioning.

Behavioural Symptoms

- displays of strange and/or unusual behaviour,
- suffering extreme depression,
- suicidal attempts,
- disoriented as to time and place,
- disordered patterns of thought and speech,
- conversation, or lack of it, seems peculiar,
- behaviour/action may be responsible for injury to inmate or others,
- loss of contact with reality, delusions, hallucinations,
- overly hostile and aggressive,
- interaction problems (e.g. fear of others),
- tremendous mood swings: depression to euphoria.

The proposed research will use the Task Force's definition as a working base for data collection, but should assist in refining this definition by describing the actual target.

C O N F I D E N T I A L

Mental Health Service Report

Answer Guideline

Ben C. Hoffman

January 3, 1980

C O N F I D E N T I A L

Mental Health Service ReportI. Ministry InformationInstitution/Field Office: _____

Date: _____

Report Filed By: _____ Position: _____

II. Client Information

Name: _____ Age (In Years): _____

Date Of Birth: _____

Institution No. Or Client I.D. No. _____

Sex: M _____ F _____

Home Address/Community: _____

Education (Highest Grade Achieved): _____
_____Marital Status: _____

Employment: Employed At Time Of Arrest: _____

Unemployed At Time Of Arrest: _____

Employed Now: _____

Unemployed Now: _____

Current Charges: _____
_____Currently On Remand: Yes _____ No ☒

Current Sentence:

Institution (In Months): _____

Probation/Parole (In Months): _____

Possible Discharge/Termination Date: _____

: The Client: Is First Offender _____

: Has Been On Probation _____

On _____ Occasion(s) For _____
Month(s).

: Has Been In Training School _____

On _____ Occasion(s) For _____
Month(s).

: Has Been In Jail _____ On _____

Occasion(s) For _____ Month(s).

: Has Been In Correctional Institution _____ On _____

Occasion(s) For _____ Month(s).

: Has Been On Parole _____ On _____

Occasion(s) For _____ Month(s).

The Client Has:

: No History Of Psychiatric Care _____

: Been Treated By Psychiatrist _____ On _____

Occasion(s) For _____ Month(s).

: No History Of Psychological Counselling _____

: Been Treated By Psychologist/Counsellor _____

On _____ Occasion(s) _____ For _____

: Been Institutionalized In Psychiatric Facility On _____
 Occasion(s) _____ For _____
 Month(s).

Client Was Treated For:

Interpersonal Problems _____

Family/Social Problems _____

Drug/Alcohol Problems _____

Severe Psychiatric Problems _____

Inpatient/Outpatient Treatment Was:

Individual Counseling _____

Group Therapy _____

Family Counseling _____

Chemotherapy _____

Comments: _____

III. Mental Health Service

Service - Formal Identification/Assessment/Treatment.

The Client Was Identified For Assessment/Treatment By:

(1) The Court: (a) Remand for Assessment re: fitness to
 stand trial _____

(b) Remand for Assessment re: suitability
 for bail _____

(c) Remand for Assessment prior to
 sentencing _____

(d) As a Condition of Probation

Order _____

(2) Self (Includes Counsel) _____

Comments: _____

(3) Institution _____

(4) Field Office _____

(5) Other (i.e. family) be specific _____

The Client Was Identified For Assessment/Treatment As A
Result Of These Behaviours:

(1) Disordered Patterns Of Thought Or Speech _____

(2) Disoriented As To Time And Space _____

(3) Withdrawn/Depressed Behaviour _____

(4) Aggressive/Hostile Behaviour _____

(5) Tremendous Mood Swings _____

(6) Experiencing Hallucinations; Dilusions _____

(7) Suicidal Attempt(s) _____

(8) Other _____

Specify: _____

The Client Was Identified For Assessment/Treatment
As A Result Of These Operational Problems:

(1) Would not respond to normal sanctions

associated with Probation Order or

Parole Certificate _____

(2) Resources of normal field suspension

inadequate for client's needs _____

(3) Does not respond to normal

Institutional sanctions such as loss
of privileges, loss earned remission,
confinement _____

(4) Behaviour causes major custodial

problems _____

(5) Resources of Institution Inadequate

to meet client's needs _____

If Identified For Assessment:

Was It Given?

Yes _____ No _____

If Assessment Given:

Was Treatment Recommended

Yes _____ No _____

If Identified For Treatment:

Was It Deemed Necessary

Yes _____ No _____

By Whose Authority? (Write in) _____

If Treatment Deemed Necessary:

Was It Given?

Yes _____ No _____

If Treatment Deemed Necessary And Not Given:

Check Appropriate Status Of Client:

- (a) Was referred to treatment personnel _____
- (b) In protective custody _____
- (c) Out of our jurisdiction _____
- (d) Other (i.e., nothing being done;
client's need status radically
changed, etc.) _____
- _____
- _____
- _____

If Treatment Given

Treatment Is/Was

A. Ministry Provided:

- (1) Individual/group counselling, local
"in house" service (i.e.) saw the
social worker _____
- (2) Isolation/Segregation as intentional
treatment intervention _____
- (3) Chemotherapy _____
- Type: _____
- (4) Specific "in house" mental health
treatment program _____
- Program Name: _____
- Description: _____
- _____

- (5) O.C.I. Program _____
- (6) G.A.T.U. _____
- (7) Other (Specify) _____
- _____
- _____
- _____
- _____

B. Non-Ministry Provided:

- (1) Forensic Assessment as per Court
request _____
- (2) Forensic Assessment as per Self/
Defence Counsel Request _____
- (3) In/Out-patient Individual/group
therapy _____
- (4) In/Out-patient specific mental
health program (i.e.) Drug/Alcohol/
Sex Program _____
- Program Name: _____
- Description: _____
- _____
- _____
- _____
- (5) Chemotherapy _____
- Type: _____
- (6) Other (Specify) _____
- _____
- _____
- _____

IV. Quality of Service

Check the Length of Time it Took From Need For
Assessment Identified to Actual Assessment
Provided:

_____	_____	_____	_____
Immediate	Delayed	Delayed	Delayed
(same day)	(one week)	(one week to	(Greater than
		one month)	one month)

Check the Length of Time it Took From Need For
Treatment Established to Actual Start of
Assessment:

_____	_____	_____	_____
Immediate	Delayed	Delayed	Delayed
(same day)	(one week)	(one week to	(Greater than
		one month)	one month)

If Assessment was Conducted and No Treatment Need
Established, Check the Following Statement(s)

Which is Most Appropriate:

- The Client's behaviour changed prior to Assessment;
therefore we support the Assessment decision _____
- The Client's behaviour changed immediately upon
Assessment; therefore we support the Assessment
decision _____
- The Client continues to exhibit the same behaviour(s)
that led to Assessment; therefore we do not
support the Assessment decision _____

-The Client continues to present us with operational problem(s); therefore we do not support the

Assessment decision _____

If Treatment was Given, Check How Well You Think
the Treatment "Type" Matched the Client's
Treatment Need:

Very Well	Well	Poorly	Very	Not At
			Poorly	All

If Treatment was Given, Check How Well You Think
the Treatment "Type" Matched your Institution/
Field Office's Operation Need:

Not At	Very	Poorly	Well	Very Well
All	Poorly			

Were Alternative Treatments to that Given

Considered for the Client? Yes _____ No _____

If Yes, specify: _____

If Treatment was Given, Check the Most

Appropriate Statement:

(a) The Client's behaviour remained the same after
treatment _____

(b) The Client's behaviour improved after
treatment _____

(c) The Client's behaviour deteriorated after
treatment _____

Indicate whether you Consider the Client's
Behaviour After Treatment to be a Positive or
Negative Outcome of the Treatment:

Positive _____ Negative _____

To what Extent is the Client's Behaviour A
Positive or Negative Outcome of Treatment:

_____ _____ _____ _____ _____
Very Great Great Moderate Low Very Low

Overall, Do you think the Mental Health Service
Experience of this Client will Assist Him/Her
in Positive Social Adjustment?:

Either Yes or No Yes _____ No _____

If "yes", to what Extent?:

_____ _____ _____ _____ _____
Very Low Low Moderate Great Very Great

General Comments Concerning this Client's Mental
Health Service:

C O N F I D E N T I A L

Mental Health Service Report

Answer Guideline

Ben C. Hoffman

January 3, 1980

C O N F I D E N T I A L

Mental Health Service ReportI. Ministry Information

Institution/Field Office: The institution or field office
that has authority for client

Date: On which the Report was opened

Report Filed By: Your name Position: Your position

II. Client Information

Name: Full name Age (In Years): 16 to -

Date Of Birth: Day/Month/Year

Institution No. Or Client I.D. No.

Sex: M F (Check ☒)

Home Address/Community: Active address for follow-up

Education (Highest Grade Achieved): Simply write in: i.e.
6, 8, B.A.

Marital Status: Write in one of: single, married,
common-law, divorced, separated, widow,
widower, other

Employment:	Employed At Time Of Arrest: <u></u>	} Check
	Unemployed At Time Of Arrest: <u></u>	
	Employed Now: <u></u>	} Check
	Unemployed Now: <u></u>	
		} Either One

Current Charges: List using Canadian Criminal Code

Currently On Remand: Yes No (Check Either One)✓/)

Could All } Current Sentence:
 Be N/A If } Institution(In Months): Use an N/A Where Necessary:
 On Straight/ } Probation/Parole(In Months): Fill appropriate One
 Remand } in months
 } Possible Discharge/Termination Date: Day/Month/Year
 } Correctional History

Note: If } : The Client: Is First Offender____ Note: If Checked;
 Not A } Others Below
 First } Won't Apply

Offender } : Has Been On Probation ☒ Check for "yes"
 Then Must } On No. of Occasion(s) For total No. of
 Complete } Month(s).

Use N/A } : Has Been In Training School ☒ Check for "yes"
 Where } On No. of Occasion(s) For total No. of
 Appropriate } Month(s).

: Has Been In Jail ☒ Check for "yes" On No. of
Occasion(s) For total No. of Month(s).

: Has Been In Correctional Institution ☒ Check
 for "yes" On No. of Occasion(s) For total
No. of Month(s).

: Has Been On Parole ☒ Check for "yes" On No. of
Occasion(s) For total No. of Month(s).

Mental Health Service History

The Client Has:

Use N/A :No History Of Psychiatric Care if checked, then
 Where second line doesn't
 Necessary apply

:Been Treated By Psychiatrist _____ On _____
 Occasion(s) For _____ Month(s).

:No History Of Psychological Counselling if checked
then rest of section
won't apply

Underline :Been Treated By Psychologist/Counsellor _____
 Appropriate On _____ Occasion(s) _____ For _____
 One When- :Been Institutionalized In Psychiatric Facility On
 Ever You _____ Occasion(s) _____ For _____
 See A Slash Month(s).
 (Both If
 Necessary)
 i.e.

Client Was Treated For:

Check Those : Interpersonal Problems _____
 That Apply: Family/Social Problems _____
 Underline Drug/Alcohol Problems _____
 Where A Severe Psychiatric Problems _____
 Slash Occurs

Underline → Inpatient/Outpatient Treatment Was:

One/Both Individual Counseling _____ Check Appropriate Ones

If Group Therapy _____

Necessary Family Counseling _____

Chemotherapy ☒ _____

Check And Write In

Type Of Drug If

Known (i.e. Valium)

General

Comments: _____

Notes

On

Correctional

Mental Health

Service Record

III. Mental Health Service

Service - Formal Identification/Assessment/Treatment

Slash → The Client Was Identified For Assessment/Treatment

Underline By:

Either/Both

Check The One (1) The Court: (a) Remand for Assessment re:

or Ones That fitness to stand trial _____

Apply (b) Remand for Assessment re:
suitability for bail _____

(c) Remand for Assessment prior
to sentencing _____

(d) As a Condition of Probation
Order _____

Check The One
or Ones That
Apply

- (2) Self (Includes Counsel) _____
 Comments: Write In Anything Relevant
Here - (i.e.) Defence Counsel
Requested And Court Ordered
Assessment, etc.

 (3) Institution _____
 (4) Field Office _____
 (5) Other (i.e. family) be specific _____

Slash →

Underline

Which

Applies

Check The

Appropriate

One(s)

The Client Was Identified For Assessment/
 Treatment As A Result Of These Behaviours:

- (1) Disordered Patterns Of Thought
 Or Speech _____
 (2) Disoriented As To Time And
 Space _____
 (3) Withdrawn/Depressed Behaviour _____
 (4) Aggressive/Hostile Behaviour _____
 (5) Tremendous Mood Swings _____
 (6) Experiencing Hallucinations;
 Dilusions _____
 (7) Suicidal Attempt(s) _____
 (8) Other _____
 Specify: _____

The Client Was Identified For Assessment/Treatment
As A Result Of These Operational Problems:

- | | | |
|-------------|---|-------|
| Use N/A If | (1) Would not respond to normal sanctions | |
| Appropriate | associated with Probation Order or | |
| ✓ Check One | Parole Certificate | _____ |
| Or More If | (2) Resources of normal field suspension | |
| Applies | inadequate for client's needs | _____ |
| | (3) Does not respond to normal | |
| | Institutional sanctions such as loss | |
| | of privileges, loss earned remission, | |
| | confinement | _____ |
| | (4) Behaviour causes major custodial | |
| | problems | _____ |
| | (5) Resources of Institution Inadequate | |
| | to meet client's needs | _____ |

Check Either If Identified For Assessment:

One; Yes Was It Given? Yes _____ No _____

Applies If

Formally

Identified

For

Assessment

Use N/A

If Assessment Given:

If Was Treatment Recommended Yes _____ No _____

Appropriate

Use N/A If If Identified For Treatment:

Appropriate Was It Deemed Necessary? Yes _____ No _____

By Whose Authority? (Write in) The

Institutions' Doctor; Our Psychiatrist, etc.

The Administration

You Must Be If Treatment Deemed Necessary:

Aware That Was It Given? Yes _____ No _____

Treatment Was

Given To Check

A "Yes" Here

If Treatment Deemed Necessary And Not Given:

Check Appropriate Status Of Client:

Check { (a) Was referred to treatment personnel _____

Appropriate { (b) In protective custody _____

One(s) { (c) Out of our jurisdiction _____

Other —> (d) Other (i.e., nothing being done;

May Apply client's need status radically

In Any Case changed, etc.) _____

And A Brief (i.e. Not Likely To Receive Treatment Recommended

Note Needed As Will Be Out Of Our Jurisdiction In 2 Weeks -

Not Enough Time

If Treatment Given

Underline One → Treatment Is/Was

Or Both

Circle, If → A. Ministry Provided:

Applies

Use N/A Where

Appropriate

Please

Check The

One(s) That

Apply

(1) Individual/group counselling, local

"in house" service (i.e.) saw the

social worker _____

(2) Isolation/Segregation as intentional

treatment intervention _____

(3) Chemotherapy _____

Type: Write In If Known _____

(4) Specific "in house" mental health

treatment program _____

Program Name: _____

Description: _____

(5) O.C.I. Program _____

(6) G.A.T.U. _____

(7) Other (Specify) _____

Circle If -> B. Non-Ministry Provided:

Applies

Check

Appropriate

One(s)

(1) Forensic Assessment as per Court request _____

(2) Forensic Assessment as per Self/ Defence Counsel Request _____

(3) In/Out-patient Individual/group therapy _____

(4) In/Out-patient specific mental health program (i.e.) Drug/Alcohol/ Sex Program _____

Program Name: _____

Description: _____

(5) Chemotherapy _____

Type: _____

(6) Other (Specify) _____

IV. Quality of Service

Note: Check the Length of Time it Took From Need For

Use N/A Assessment Identified to Actual Assessment

In All Provided:

Cases

Where

The

Blank

Does Not

Apply

	_____	_____	_____	_____
Check	Immediate	Delayed	Delayed	Delayed
Most	(same day)	(one week)	(one week to	(Greater than
Appropriate			one month)	one month)
Time				
Category				

Check the Length of Time it Took From Need For

Treatment Established to Actual Start of

Assessment:

	_____	_____	_____	_____
Check	Immediate	Delayed	Delayed	Delayed
Most	(same day)	(one week)	(one week to	(Greater than
Appropriate			one month)	one month)
One	Could Be Immediate (i.e.) Chemotherpay; isolation			

If Assessment was Conducted and No Treatment Need
Established, Check the Following Statement(s)

Which is Most Appropriate:

Only -The Client's behaviour changed prior to Assessment;
Applicable therefore we support the Assessment decision _____
If No -The Client's behaviour changed immediately upon
Treatment Assessment; therefore we support the Assessment
Need Has decision _____
Been -The Client continues to exhibit the same behaviour(s)
Established that led to Assessment; therefore we do not
In A Formal support the Assessment decision _____
Assessment! -The Client continues to present us with operational
Otherwise N/A problem(s); therefore we do not support the
Assessment decision _____

This Is The → If Treatment was Given, Check How Well You Think
Need As the Treatment "Type" Matched the Client's
Appreciated/ Treatment Need:

Understood	Very Well	Well	Poorly	Very	Not At
By You/Your				Poorly	All
Office/	_____	_____	_____	_____	_____
Institution					

N/A Means

There Was

No Treatment

This Is The -> If Treatment was Given, Check How Well You Think
 Need You/Your the Treatment "Type" Matched your Institution/
 Office/ Field Office's Operation Need:

Institution Not At Very Poorly Well Very Well

Had Relative All Poorly

To The Client _____

(i.e.) A

Custody

Problem Now

Sedated etc.

Once Again:

N/A Means

There Was No

Treatment

Given

Could Be N/A Were Alternative Treatments to that Given

Here If Considered for the Client?

Treatment Yes _____ No _____

Not Deemed If Yes, specify: _____

Necessary _____

If Treatment was Given, Check the Most

Appropriate Statement:

N/A Means (a) The Client's behaviour remained the same after
No Treatment treatment _____

Otherwise (b) The Client's behaviour improved after
Check One treatment _____

(c) The Client's behaviour deteriorated after
treatment _____

Indicate whether you Consider the Client's
Behaviour After Treatment to be a Positive or
Negative Outcome of the Treatment:

Your Own Positive _____ Negative _____

Opinion --

That Of Your

Operation

N/A If No To what Extent is the Client's Behaviour A
Treatment Positive or Negative Outcome of Treatment:

N/A If No _____
Treatment Very Great Great Moderate Low Very Low

Otherwise The
Judgement Call

On Your Part

Re Your

Relation To

The Client

The Overall, Do you think the Mental Health Service
"Experience" Experience of this Client will Assist Him/Her
Is Being in Positive Social Adjustment?:
Questioned Either Yes or No Yes _____ No _____
N/A If No If "yes", to what Extent?:

Very Low Low Moderate Great Very Great

General Comments Concerning this Client's Mental
Health Service:

Date October 16, 1980

Name/Title/Branch

To As Per Distribution List

Name/Title/Branch/Phone

From B.C. Hoffman, Acting Deputy Regional Director (Northern)

Institutional Programs (705) 675-4321

Address/City/Postal Code

Regional Office, 199 Larch St., 9th Floor, Sudbury P3E 5P9

Subject

Mental Health Services Study

The above-noted study in which you participated is now at the analysis and write-up stage. Thank you very much for completing the Mental Health Service Reports for clients you identified between March 15, 1980 and July 15, 1980.

This study will provide us with information that I trust will be of value in working out mental health care service systems for our clients. The strength of the study will depend on the quality of the data you have provided (and its design). So your involvement, as I said initially was an absolute must to make it worthwhile.

I will provide you with the final results as soon as I can, and some of us have already had preliminary discussions about client-care vis a vis mental health service.

I must ask one thing further of you in order to complete the statistical aspect of the study. Would you please advise me of the number of clients you had active in your office from the onset of the study period - March 15, 1980 to the

end July 15, 1980. I have been advised that you get this simply by subtracting the first March 15th Client Information number you issued from the last one on July 15th, and then add your active caseload that you had on March 15th: this is the total group from which you selected clients in need of mental health service and filed reports on. Please phone this figure in to me; incidentally I tried to get it from our Records section and they could not provide it. Also, even if you filed NO report in the study period, please send your total caseload figure, as it is necessary to show the whole picture.

Thanks again, and any questions, please call me.

Ben Hoffman

Distribution:

Mr. B.P. Sullivan, Area Manager, Sudbury
Mr. A. Potter, Espanola
Ms. S. Tuomi, Little Current
Ms. M. Dokis, Manitowaning
Mr. K.C. Burton, Area Manager, Sault Ste. Marie
Ms. Y. Fournier, Chapleau
Ms. H. Trudeau, Blind River
Mr. H. Lounds, Wawa
Mr. P.H. Sirrs, North Bay
Mrs. P. Hurtubise, Sturgeon Falls
Mr. J.R. McFarlane, Haileybury
Mr. W. Brinkman, Kenora
Mr. G.A. Bate, Kirkland Lake
Mr. F.P. Coughlan, Bracebridge

Mrs. N. Hamilton, Huntsville

Mr. J.Q. Kyl-Heku, Parry Sound

Mr. L.E. Anthony, Area Manager, Timmins

Mr. F. Picard, Cochrane

Mr. E. Robert, Kapuskasing

Ms. M.G. Cote, Hearst

Mr. M. Linklater, Moosonee

Mr. A.J. Appleton, Area Manager, Fort Frances

Mr. E. Belisle, Atikokan

Mr. J.R. Wyber, Area Manager, Kenora

Mr. E. Hrynyshyn, Dryden

Mrs. M.A. Pasloski, Red Lake

Charge CodesOffences Against the Person

- 101 abduction
- 102 assault/wounding
- 103 assault on a peace officer
- 104 assault common/to intent
- 105 murder/s
- 106 attempted murder
- 107 rape and attempted rape/sexual intercourse
- 108 threatening and intimidation
- 109 suicide attempt to commit
- 110 conspiracy to commit murder
- 111 assault causing bodily harm/explosives causing bodily
harm
- 112 harassing
- 113 kidnapping and forceable seizure/confinement/attempt
- 114 manslaughter
- 115 criminal negligence causing death
- 116 criminal negligence
- 117 sexual assault

Offences Against Property

- 201 arson and attempted arson fire setting
- 202 break and enter/unlawfully in dwelling/break and enter
with intent
- 203 damage to property wilful damage
- 204 false pretences/falsify records
- 205 fraudulently obtaining food or lodging

- 206 fraud: other
- 207 forgery/uttering - criminal code 313 possession forged document
- 208 possession: housebreaking instruments or other instruments of crime
- 209 possession: property obtained by crime \$200 and under
- 210 possession: property obtained by crime \$200 and over
- 211 robbery: armed/with violence
- 212 robbery: other or unknown
- 213 taking without owner's consent (e.g. joyriding)
- 214 theft: \$200 and under
- 215 theft: \$200 and over
- 216 theft: attempted attempt to commit
- 217 trespass/petty trespass act
- 218 break and enter and theft
- 219 theft or possession of auto
- 220 fraud, forgery, uttering: attempted
- 221 conspiracy to commit fraud/uttering
- 222 theft ~~forgery~~ of credit card/use
- 223 break and enter - attempted
- 224 conspiracy to commit theft or robbery
- 225 theft: mail or telecommunication services, theft travellers cheques
- 226 exchequer bill
- 227 extortion
- 228 attempted robbery
- 229 illegal possession of credit cards

- 230 transfer property crime to Canada
- 231 attempt indetible offence
- 232 conversion

Offences Against Public Morals and Decency

- 301 bigamy, feigned and unlawful marriage
- 302 breach of child welfare act
- 303 breach of deserted wives' and children's maintenance
- 304 non-support, failure to provide necessities of life
- 305 keeping, employed or frequenting a bawdy house
- 306 perjury
- 307 prostitution, soliciting
- 308 corrupting morals
- 309 contributing to juvenile delinquency
- 310 incest
- 311 indecent assault/attempt
- 312 indecent exposure or other indecent act
- 313 buggery
- 314 intercourse under 14 years
- 315 live on avails, procuring, watch and beset
- 316 unlawful sex
- 317 obscene material

Offences Against Public Order and Peace

- 401 breach of excise act
- 402 breach of probation act/parole act
- 403 breach of recognizance
- 404 breach of railway act
- 405 carrying unlawful weapons/dangerous/restricted weapons

- 406 causing a disturbance/disorderly conduct
- 407 conspiracy/commonlaw conspiracy
- 408 escape lawful custody/unlawfully at large/attempt to
- 409 gaming, betting, lotteries
- 410 obstructing an officer, resist arrest/attempt to
- 411 public mischief and false fire alarm
- 412 vagrancy, loitering, prowl at night
- 413 false statement/perjury
- 414 fail to obey court order
- 415 fail to appear or failing to comply failure to comply/
wilful non comply
- 416 breach of undertaking
- 417 impersonating/disguise
- 418 possessing dangerous weapon
- 419. point weapon
- 420 unlawful use firearm/deliver firearms
- 421 contempt

Liquor Offences

- 501 driving while ability impaired
- 502 intoxication or drunkenness
- 503 other liquor offences (e.g. liquor control act,
underage drinking)
- 504 drunk driving or drunk in charge of auto
- 505 drive over .08 mg ale (refuse breathalyzer)

Drug Offences

- 601 simple possession
- 602 . possess with intent to traffic

603 trafficking

604 importing

Traffic Offences

701 careless driving/dangerous driving

702 criminal negligence in operation of motor vehicle

703 driving while licence suspended or without licence

704 leaving scene of an accident, failure to remain

705 other traffic offences: highway traffic act, motor
vehicle accident claims act

706 dangerous/impaired operation of vessel

Other

800 fugitive offenders act

801 breach by-law

802 provincial statute

803 juvenile offences juvenile delinquency act

804 criminal negligence and set fire by negligence

805 construction safety act, breach Canada shipping,
breach of trust

806 breach immigration act, breach citizenship act

807 unemployment insurance act

808 breach of prison act

809 financial administration act

999 unknown

99 attempt

810 animals

811 food and drug

Appendix C
Field Notes

Field Notes:

Mental Health Service For Correctional Clients/80

March 10/80 - Timmins Probation and Parole; classification counsellor from Monteith - i.e. - in attendance also;

- reception generally positive: area needs resources; willing to do study to demonstrate need;

- lots of talk - i.e. - prevention/resources/ causes of crime/case studies;

- some concern about returns for doing study: will they "get" anything as result?;

- my position: 1. climate is ripe to some extent vis a vis resource allocation planning - i.e. - C.R.C.'s, forensic units

2. my own level of authority and influence

3. data will be used to persuade senior ministry officials that resources are needed where need is demonstrated;

- good discussion on mechanical points; recommendations re kinks in the questionnaire, etc.

March 18/80 - Thunder Bay - at area managers' meeting Probation and Parole

- correctional centre no problem; jail no problem: want it, will do it and are on track;

- Probation and Parole (NW) - lot of resistance - workload overload cited as major concern - i.e. - a "good" study but.....bad timing as April 1 they are starting up in so many other areas;

- relevancy of study and potential return for amount effort involved in data collection strongly challenged: defended on scientific principles - design; rationalization of resources, and 1, 2 and 3 as above;

- personal position one of placing it in their laps re priorities, perceived use of study to them - no defensiveness on my part re my "academic" agenda or needs - up front all the way;

- they want more relevancy to Probation and Parole operation described to them and an idea of when analysis will be made available: feedback considered a minimum must for credibility, etc.;

March 20/80 - Sudbury Probation and Parole - four in attendance including Officer responsible for psychiatric referrals, and volunteer who does intake - some question re definition of target group - left to their discretion within guidelines in research package;

- very enthusiastic discussion with manager re models of care - is thinking intra and inter-Ministry co-operation: supportive of study/wanted to know how to purchase psychiatric service as per existing arrangements with the jail;

March 24/80 - telephone call from nurse at Sudbury Jail - question of definition - a difference of opinion at Jail ranging from "all are disturbed in some way" to "only those with "labotomies"; discussed treatment bias - suggested they refer to the guidelines and report on what they actually

practice - not to inflate group;

April 1/80 - telephone contact with Timmins and Sault Ste. Marie Probation and Parole - overview - seems to be no problem in meeting requirements of data collection;

April 3/80 - phone Kenora and Fort Frances Probation and parole;

- both will participate in study;

- phoned Thunder Bay Probation and Parole - no response, doubt that they will participate;

April 10/80 - meeting with Dr. Humphries, main office, re senior Ministry commitment to study, rationalization of resources as per Thunder Bay discussion

April 15/80 - Twenty reports have filtered in - data incomplete - mechanics may be a problem - i.e. - one month from "pick up" - looks like client status changes etc.; result limited evaluation comments;

May 6/80 - phoned Kenora Probation and Parole arranging visit;

May 14/80 - visited Kenora - very good - discussed purchase of service agreement with Lake-Of-The-Woods District Hospital

- discussed study requirements - they have high target groups - gas sniffing; Reserves - will complete study;

June 8/80 - discussed study with A. Daniels, Executive Director, Community Division - asking support;

June 13/80 - letter to research assistants updating them on progress of study;

Notable By-Products of Study thus far:

1. Sensitizing organization to client need - cases emerging - watch for inflation.
2. Communication intra - Ministry - evident i.e. - tagging cases - letters of referral and explanation from one administrative unit to another.
3. Indication that resources are needed; intra and inter-Ministry - networking surfacing.

Appendix D
Analysis - Coding Instrument and Guide

1 I.D. 4 5 6 7 8 9 10 11 12 13 14 15 16 17 19 20 22 23 25
page 1
26 28 29 31 32 33 34 35 36 37 39 40 41 42 45 46 47 48 49
correctional history
50 51 52 53 54 55 56 57 58 60 61 62 63 64 65 66 67 68 69 70 71 73 76
page 2 parole mental health problem treated

2 1 I.D. 4 5 7 9 12 13 14 16 18 20 22 23 25 27 30
treatment provided page 3
31 33 36 37 38 39 40 43 44 46 48 50 51 53 55 57 59
page 4 operational problems page 5
60 61 62 63 64 67 68 69 70 71 72 73 74 75
page 6 page 7 quality service page 8

Coding Guide For. Instrument #1Mental Health Service Report

Card No./Case I.D.

1	2	3	4
1	2	3	4
			5
			6

1. Institution/Field Office

- 01 Monteith Complex
- 02 Thunder Bay Correctional Centre
- 03 Haileybury Jail
- 04 Parry Sound Jail
- 05 Thunder Bay Jail
- 06 Fort Frances Jail
- 07 Kenora Jail
- 08 Sault Ste. Marie Jail
- 09 North Bay Jail
- 10 Sudbury Jail
- 11 Timmins Probation and Parole
- 12 Cochrane Probation and Parole
- 13 Kapuskasing Probation and Parole
- 14 Hearst Probation and Parole
- 15 Moosonee Probation and Parole
- 16 Sudbury Probation and Parole
- 17 Espanola Probation and Parole
- 18 Little Current Probation and Parole
- 19 Manitowaning Probation and Parole
- 20 Sault Ste. Marie Probation and Parole
- 21 Chapleau Probation and Parole
- 22 Blind River Probation and Parole
- 23 Wawa Probation and Parole

- 24 North Bay Probation and Parole
- 25 Sturgeon Falls Probation and Parole
- 26 Haileybury Probation and Parole
- 27 Kirkland Lake Probation and Parole
- 28 Bracebridge Probation and Parole
- 29 Huntsville Probation and Parole
- 30 Parry Sound Probation and Parole
- 31 Thunder Bay Probation and Parole
- 32 Geraldton Probation and Parole
- 33 Nipigon Probation and Parole
- 34 Fort Frances Probation and Parole
- 35 Atikokan Probation and Parole
- 36 Kenora Probation and Parole
- 37 Dryden Probation and Parole
- 38 Red Lake Probation and Parole

2. Client Age (code exact years)

7	8
---	---

3. Sex

9

1. male

2. female

4. Education (code exact highest grade completed)

10	11
----	----

0 didn't answer

01-08 grade school

09-13 high school

14-17 university (4 years)

18-20 community college (3 years)

21 other

5. Marital Status

 12

1. Single
2. Married
3. Common-Law
4. Divorced
5. Separated
6. Widow(er)
7. Other

6. Occupation

 13 | 14

01-99

7. Employment

i. At Time of Arrest

 15

- 0 - didn't answer
- 1 - employed at time of arrest
- 2 - unemployed at time of arrest
- 3 - n/a

ii. Currently

- 0 - didn't answer
- 1 - employed now
- 2 - unemployed now
- 3 - n/a

8. Current Charges (code five: see Charge Codes)

 17 | 19

0's - unknown; incomplete data

 20 | 22

 23 | 25

 26 | 28

 29 | 31

9. Currently On Remand

32

- 0 - didn't answer
- 1 - no
- 2 - yes

10. Current Sentence

coding: exact months (0-97)
98 or more months (98)
missing information (99)

i. Institution

33 34

ii. Probation and Parole

35 3611. Correctional History

0 - didn't answer
1 - no
2 - yes
3 - unknown

i. Previous Contact with System

37

- 0 - didn't answer
- 1 - no, first offender
- 2 - yes
- 3 - unknown

ii. Probation History

38

- 0 - didn't answer
- 1 - no
- 2 - yes
- 3 - unknown

iii. Probation Frequency

39

coding: exact month (0-7)
8 or more occasions (8)
missing information (99)

iv. Total Months on Probation

	40	41
--	----	----

coding: exact months (0-97)
98 or more months (98)
missing information (99)

v. Training School History

	42
--	----

0 - didn't answer
1 - no
2 - yes
3 - unknown

vi. Training School Frequency

	43
--	----

exact (0-7)
(8)
(9)

vii. Total Months in Training School

	44	45
--	----	----

(0-97)

(98)

(99)

viii. Jail History

	46
--	----

0 - didn't answer

1 - no

2 - yes

3 - unknown

ix. Jail Frequency

	47
--	----

(0-7)

(8)

(9)

iv. Total Months on Probation

	40	41
--	----	----

coding: exact months (0-97)
98 or more months (98)
missing information (99)

v. Training School History

	42
--	----

0 - didn't answer
1 - no
2 - yes
3 - unknown

vi. Training School Frequency

	43
--	----

exact (0-7)
(8)
(9)

vii. Total Months in Training School

	44	45
--	----	----

(0-97)

(98)

(99)

viii. Jail History

	46
--	----

0 - didn't answer

1 - no

2 - yes

3 - unknown

ix. Jail Frequency

	47
--	----

(0-7)

(8)

(9)

x. Total Months in Jail	<u>48 49</u>
(0-97)	
(98)	
(99)	
xi. Correctional Institution History	<u>50</u>
0 - didn't answer	
1 - no	
2 - yes	
3 - unknown	
xii. Correctional Institution Frequency	<u>51</u>
(0-7)	
(8)	
(9)	
xiii. Correctional Institution Total Months	<u>52 53</u>
(0-97)	
(98)	
(99)	
xiv. Parole History	<u>54</u>
0 - didn't answer	
1 - no	
2 - yes	
3 - unknown	
xv. Parole Frequency	<u>55</u>
(0-7)	
(8)	
(9)	
xvi. Total Months Parole	<u>56 57</u>
(0-97)	
(98)	
(99)	

12. Mental Health Service History

i. Previous Contact with Mental Health System	<u>58</u>
0 - didn't answer	
1 - no	
2 - yes	
3 - unknown	
ii. Psychiatric Treatment History	<u>59</u>
0 - didn't answer	
1 - no	
2 - yes	
3 - unknown	
iii. Psychiatric Treatment Frequency	<u>60</u>
(0-7)	
(8)	
(9)	
iv. Total Months Psychiatric Treatment	<u>61 62</u>
(0-97)	
(98)	
(99)	
v. Mental Health Treatment History	<u>63</u>
0 - didn't answer	
1 - no	
2 - psychologist	
3 - counsellor	
vi. Mental Health Treatment Frequency	<u>64</u>
(0-7)	
(8)	
(9)	

vii. Total Months Mental Health Treatment

65 | 66

(0-97)

(98)

(99)

viii. Psychiatric Institutional Care

67

0 - didn't answer

1 - no

2 - yes

ix. Psychiatric Institutional Care Frequency

68

(0-7)

(8)

(9)

x. Total Months Psychiatric Institution Care

69 | 70

(0-97)

(98)

(99)

13. Problem Treated

coding: 0 - didn't answer

1 - n/a

2 - no

3 - yes

4 - unknown

Interpersonal

71

Family

72

Social

73

Drug

74

Alcohol

75

Severe Psychiatric

76

14. Treatment Provided

2	1	1	1
1			4

0 - didn't answer

1 - n/a

2 - no

3 - yes

4 - unknown

In-patient individual counselling

5

In-patient group therapy

6

In-patient family counselling

7

In-patient chemotherapy

8

Out-patient individual counselling

9

Out-patient group counselling

10

Out-patient family counselling

11

Out-patient chemotherapy

12

15. Client Identified for

13

1. Assessment

2. Treatment

3. Assessment and Treatment

i. Identified by:

0 - didn't answer

1 - no

2 - yes

Court remand re fitness to stand trial

14

Court remand re suitability for bail

15

supervision

Court remand re assessment prior to sentence	16
Court recommendation as condition of sentence	17
Self	18
Counsel	19
Institutional Staff	20
Field Staff	21
Other	22

ii. Identified as Result of These Behaviours

0 - didn't answer
1 - no
2 - yes

Disordered patterns of thought or speech	23
Disoriented as to time and space	24
Withdrawn/Depressed behaviour	25
Aggressive/Hostile behaviour	26
Tremendous mood swings	27
Experiencing hallucinations, delusions	28
Suicide Attempt(s)	29
Other	30

iii. Identified as Result of These Operational

Problems

0 - didn't answer
1 - no
2 - yes
3 - n/a

Would not respond to normal sanctions
associated with Probation Order or
Parole Certificate

31

Resources of normal field supervision
inadequate for client's needs

32

Does not respond to normal institutional
sanctions

33

Behaviour causes major custodial problems

34

Resources of institution inadequate to
meet inmate's needs

35

Other

36

16. Client Identified for Assessment

- i. 0 - not identified for assessment
- 1 - identified but not assessed
- 2 - assessed and treatment recommended
- 3 - assessed and treatment not recommended
- 4 - assessed and disposition unknown

37

By Authority of

- ii. 0 - n/a
- 1 - Court
- 2 - institution medical nursing/treatment
(i.e. counsellor)
- 3 - institution doctor
- 4 - Ministry psychiatrist
- 5 - Probation and Parole Administration

- 6 - institution administration
- 7 - non-Ministry Psychiatrist
- 8 - other

 38

17. Client Identified for Treatment

- 0 - n/a
- 1 - didn't answer
- 2 - treatment provided
- 3 - treatment not provided

 39

18. Client Identified for Treatment and not Given

- | |
|-------------------|
| 0 - didn't answer |
| 1 - n/a |
| 2 - no |
| 3 - yes |

Status: "Referred" to Treatment Personnel

 40

Status: "In Protective Custody"/Segregation

 41

Status: "Out of our Jurisdiction"

 42

Other: i.e. Client Motivation Poor

 43

19. Ministry-Provided Treatment

- | |
|-------------------|
| 0 - didn't answer |
| 1 - no |
| 2 - yes |
| 3 - n/a |

"In-House" Counselling

 44

Isolation/Segregation as Intentional Treatment

 45

Chemotherapy

 46

Specific "In-House" Treatment Program

 47

O.C.I. Program

 48

G.A.T.U. Program

 49

Other

 50

20. Non-Ministry Provided Treatment

Forensic Assessment as per Court Request	<u>51</u>
Forensic Assessment as per Self Request	<u>52</u>
Forensic Assessment as per Counsel Request	<u>53</u>
In-Patient Individual Therapy	<u>54</u>
In-Patient Group Therapy	<u>55</u>
Out-Patient Individual Therapy	<u>56</u>
Out-Patient Group Therapy	<u>57</u>
In-Specific Mental Health Program	<u>58</u>
Out-Specific Mental Health Program	<u>59</u>
Chemotherapy	<u>60</u>
Other	<u>61</u>

21. Quality of Service

i. Time Lapse From Assessment Recommended to Assessment Provided

0 - didn't answer	
1 - n/a	<u>62</u>
2 - immediate - same day	
3 - delayed - one week	
4 - delayed - one week to one month	
5 - delayed - greater than one month	
6 - jurisdiction changed before assessment could be done	

ii. Time Lapse From Treatment Need Established

To Treatment Start

0 - didn't answer	
1 - n/a	<u>63</u>
2 - immediate - same day	
3 - delayed - one week	

- 4 - delayed - one week to one month
- 5 - delayed - greater than one month
- 6 - jurisdiction changed before assessment
could be done

iii. Assessment Conducted and No Treatment Need

Established with Client Status

- 0 - didn't answer
- 1 - n/a
- 2 - no
- 3 - yes

Behaviour changed prior to assessment;

therefore support assessment decision

64

Behaviour changed immediately upon

assessment; therefore support assessment

decision

65

Continues to exhibit same behaviour(s);

therefore do not support assessment decision

66

Continues to present with operational

problem(s); therefore do not support

assessment decision

67

iv. Treatment Was Given and It Matched The
Client's Need

0 - didn't answer

1 - n/a

68

2 - very well

3 - well

4 - poorly

5 - very poorly

6 - not at all

v. Treatment Was Given and It Matched The
Institution/Field Offices Operational Need

0 - didn't answer

1 - n/a

69

2 - not at all

3 - very poorly

4 - poorly

5 - well

6 - very well

vi. Alternative Treatments were Considered

0 - didn't answer

1 - n/a

70

2 - no

3 - yes

vii. Treatment Was Given

0 - didn't answer

1 - n/a

71

2 - behaviour remained same

3 - behaviour improved

4 - behaviour deteriorated

viii. Treatment Was Given and The Client's
Behaviour is Considered

- 0 - didn't answer
- 1 - n/a
- 2 - a positive outcome of treatment
- 3 - a negative outcome of treatment

72

ix. The Client's Behaviour is a Positive/
Negative Outcome to This Extent

- 0 - didn't answer
- 1 - n/a
- 2 - very great
- 3 - great
- 4 - moderate
- 5 - low
- 6 - very low

73

x. The Mental Health Services Experience
Will Assist The Client to Positive
Social Adjustment

- 0 - didn't answer
- 1 - no
- 2 - yes

74

xi. The Mental Health Services Experience
Will Assist The Client to Positive
Social Adjustment to This Extent

- 0 - didn't answer
- 1 - n/a - not assist positive social
adjustment
- 2 - very low
- 3 - low
- 4 - moderate
- 5 - great
- 6 - very great

75

Appendix E
Supporting Tables

Client Profile

Target Population Profile

Total Target

(Grouped)

N=134

Sociodemographic Factor:

Age (years):

Mean = 26.4 years

Median = 23.1

S.D. = 9.9

Sex:

Male = 120 = 90 %

Female = 14 = 10

Marital Status:

Single = 84 = 62.7%

Married = 19 = 14.2

Common-Law = 14 = 10.4

Divorced = 4 = 3.0

Separated = 12 = 9.0

Widow-er = 1 = .7

Education (grade):

Mean = 9.3 grade

Median = 9.3

S.D. = 2.2

Target Population Profile

Total Target Continued

(Grouped)

N=134

Sociodemographic Factor:

Occupation: (4 Types = 32)

Type:	Chronically					
	Labourer	Unemployed	Housekeeper	Unknown	Truck Driver	Hetro Other
Frequency	= 54	14	7	10	4	45
Adjusted Percent	= 40%	10 %	5%	7%	3%	35%

Sentence Disposition:

Remanded	=	32	=	23.9%
Sentenced	=	99	=	73.9
Missing Info	=	3	=	2.2

Target Population Profile
 Total Target Continued
 (Grouped)
 N=134

Sociodemographic Factor:

Charges:

	Frequency	Percent	Ranked:
Person	24	= 16.4%	3
Property	65	= 44.5	1
Morals	10	= 6.8	4
Order	36	= 24.6	2
Liquor	4	= 2.7	5
Drug	4	= 2.7	5
Other	3	= 2.0	6

Target Population Profile
Total Target Continued
(Grouped)

N=134

Current Sentence:

	Institution		Probation	
	Frequency	Absolute Percent	Frequency	Absolute Percent
Length				
0	39	29%	39	29%
1-6	33	25	2	1
7-12	17	13	16	12
13-24	19	14	23	18
> 24	4	3	16	12
Missing Info	22	16	38	28
Mean	11.03		23.1	
Median	8.58		22.67	
S.D.	9.6		11.8	

Target Population Profile
Combined Institution Target
(Grouped)

N=75

Sociodemographic Factor:

Age (years):

Mean = 27.5 years
Median = 23.7
S.D. = 11.3

Sex:

Male = 72 = 96 %
Female = 3 = 4

Marital Status:

Single = 47 = 62.7%
Married = 10 = 13.3
Common-Law = 8 = 10.7
Divorced = 2 = 2.7
Separated = 7 = 9.3
Widow-er = 1 = 1.3

Education (grade):

Mean = 9.5 grade
Median = 9.7
S.D. = 2.5

Target Population Profile
 Combined Institution Target Continued
 (Grouped)
 N=75

Sociodemographic Factor:

Occupation: (N Types = 32)

Type:	Labourer	Hetrogeneous Other (21)
Frequency	= 45	30
Adjusted Percent	= 60%	40 %

Sentence Disposition:

Remanded	= 25	= 33.3%
Sentenced	= 48	= 64.0
Missing Info	= 2	= 2.7

Target Population Profile
 Combined Institution Target Continued
 (Grouped)
 N=75

Sociodemographic Factor:

<u>Charges:</u>	Frequency	Percent	Ranked:
Person	11	= 12.9%	3
Property	41	= 48.2	1
Morals	4	= 2.7	4
Order	20	= 23.5	2
Liquor	3	= 3.5	5
Drug	3	= 3.5	5
Other	3	= 3.5	5

Target Population Profile
Combined Institution Target Continued
(Grouped)

N=75

Current Sentence:

	Institution		Probation	
	Frequency	Absolute Percent	Frequency	Absolute Percent
Length				
0	11	15%	35	47%
1-6	25	33	0	0
7-12	13	17	3	4
13-24	12	16	2	3
>24	4	5	4	5
Missing Info	10	13	31	41
Mean	11.0		24.0	
Median	7.5		19.5	
S.D.	10.0		11.6	

Target Population Profile
Combined Probation Target
(Grouped)

N=59

Sociodemographic Factor:

Age (years):

Mean = 24.9 years

Median = 22.6

S.D. = 7.9

Sex:

Male = 48 = 81 %

Female = 11 = 19

Marital Status:

Single = 37 = 62.7

Married = 9 = 15.3

Common-Law = 6 = 10.2

Divorced = 2 = 3.4

Separated = 5 = 8.5

Widow-er = \emptyset = \emptyset

Education (grade):

Mean = 8.5 grade

Median = 8.8

S.D. = 2.6

Target Population Profile
 Combined Probation Target Continued
 (Grouped)
 N=59

Sociodemographic Factor:

Occupation: (N Types = 32)

Type:		Chronically				Hetro
		Labourer	Unemployed	Housekeeper	Unknown	Other
Frequency	=	9	14	5	9	23
Adjusted Percent	=	15%	24 %	8%	15%	38%

Sentence Disposition:

Remanded	=	7	=	11.9%
Sentenced	=	51	=	86.4
Missing Info	=	1	=	1.7

Target Population Profile
Combined Probation Target Continued
(Grouped)

N=59

Sociodemographic Factor:

<u>Charges:</u>	Frequency		Percent	Ranked:
Person	13	=	21.3%	3
Property	24	=	39.3	1
Morals	6	=	9.8	4
Order	16	=	26.2	2
Liquor	1	=	1.6	5
Drug	1	=	1.6	5
Other	Ø	=	Ø	

Target Population Profile
Combined Probation Target Continued
(Grouped)

N=59

Current Sentence:

	Institution		Probation	
	Frequency	Absolute Percent	Frequency	Absolute Percent
Length				
0	28	48%	4	7%
1-6	8	14	2	3
7-12	4	7	13	22
13-24	7	11	21	37
>24	0	0	12	20
Missing Info	12	20	7	11
Mean	11.1		22.9	
Median	8.75		22.8	
S.D.	8.69		11.9	

Correctional And
Mental Health History

Correctional and Mental Health History

Correctional History

(Grouped)

Count Col PCT	Prior Contact			Prior Probation			Prior Training School			Prior Jail			Prior Correction Centre			Prior Parole		
	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.
Missing	3	3		18	15	3	31	22	9	23	17	6	23	17	6	33	25	8
Data	2.2	4.0		13.4	20.0	5.1	23.1	29.3	15.3	17.2	22.7	10.2	17.2	22.7	10.2	24.6	33.3	13.6
No	30	13	17	35	14	21	67	28	39	45	19	26	48	18	30	73	29	44
	22.4	17.3	28.8	26.1	18.7	35.6	50.0	37.3	66.1	33.6	25.3	44.1	35.8	24.0	50.9	54.5	38.7	74.6
Yes	96	55	41	67	33	34	16	10	6	56	31	25	48	28	20	12	7	5
	71.6	73.3	69.5	50.0	43.0	57.6	11.9	13.3	10.2	41.8	41.3	42.4	35.8	37.3	33.9	9.0	9.3	8.5
				84% ≤ 2 c. $\bar{x}l.=$			86% ≤ 2 c. $\bar{x}l.=$			58% ≤ 2 c. $\bar{x}l.=$			81% ≤ 2 c. $\bar{x}l.=$			75%= 1 c. $\bar{x}l.=$		
				22.3 mo. med.=			9.7 mo. med.=			8.7 mo. med.=			15.2 mo. med.=			10.6 mo. med.=		
				23.1 S.D.=16.0			8.0 S.D.=16.6			2.6 S.D.=16.6			9.0 S.D.=16.2			6.5 S.D.=12.5		
				65%= 1 c.			80%= 1 c.			73% ≤ 3 c.			76% ≤ 2 c.			83%= 1 c.		
				$\bar{x}l.=18.1$ mo.			$\bar{x}l.=11.0$ mo.			$\bar{x}l.=12.5$ mo.			$\bar{x}l.=18.0$ mo.			$\bar{x}l.=14.6$ mo.		
				med.=13.0			med.=8.5			med.=3.5			med.=14.0			med.=10.8		
				S.D.=11.6			S.D.=6.5			S.D.=21.3			S.D.=17.8			S.D.=14.8		
				81% ≤ 2			100%			67% ≤ 3			71%=			80%=		
				c. $\bar{x}l.=26.4$ mo. ≤ 3			c. $\bar{x}l.=4.5$			c. $\bar{x}l.=4.7$ mo.			1 c. $\bar{x}l.=10.7$			1 c. $\bar{x}l.=4.0$ mo.		
				med.=23.9			mo. med.=4.5			med.=2.0			mo. med.=6.3			med.=4.0		
				S.D.=18.8			S.D.=2.1			S.D.=7.6			S.D.=11.6			S.D.=2.0		

Correctional and Mental Health History

Correctional History Continued

(Grouped)*

Count Col PCT	Prior Contact			Prior Probation			Prior Training School			Prior Jail		Prior Correction Centre			Prior Parole			
	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.
Unknown	5	4	1	14	13	1	20	15	5	8	2	15	12	3	16	14	2	
or	3.7	5.3	1.7	10.4	17.3	1.7	14.9	20.0	8.5	10.7	3.4	11.2	16.0	5.1	11.9	18.7	3.4	
N/A																		

134

100% *Total Sample: N=134; Combined Institutions: N=75; Combined Probation: N=59
 (T.S.) (C.I.) (C.P.)

Correctional and Mental Health History
Mental Health History
(Grouped)

Count	Prior Contact			Prior Psychiatric Treatment			Prior Psychologist			Prior Counsellor			Prior Psychiatric Institution		
Col PCT	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.
Missing	5	5		9	8	1	31	18	13	31	18	13	22	11	11
Data	3.7	6.7		6.7	10.7	1.7	23.1	24.0	22.0	23.1	24.0	22.0	16.4	14.7	18.6
No	42	27	15	54	30	24	58	36	22	58	36	22	65	37	28
	31.5	36.0	25.4	40.3	40.0	40.7	43.3	48.0	37.3	43.3	48.0	37.3	48.5	49.3	47.5
Yes	84	40	44	66	33	33	31	15	16	13	5	8	46	26	20
	62.7	53.3	74.6	49.3	44.0	59.9	23.1	20.0	27.1	9.7	6.7	13.6	34.3	34.7	33.9
				63% c. $\bar{x}l.=$			39% c. $\bar{x}l.=17.2$			mo. med.=6.3			63% c. $\bar{x}l.=$		
				20.3 mo. med.=			S.D.=29.7						19.6 mo. med.=		
				5.8 S.D.=32.6			54% c. $\bar{x}l.=11.4$			med.=10.0			4.3 S.D.=31.7		
				50% c.			S.D.=21.5						67% c.		
				$\bar{x}l.=19.5$ mo.						55% c. $\bar{x}l.=26.0$			$\bar{x}l.=20.8$ mo.		
				med.=9.0			med.=3.5			S.D.=38.8			med.=6.5		
				S.D.=30.2									S.D.=29.8		
				79% c.									88% c.		
				c. $\bar{x}l.=21.4$ mo.									c. $\bar{x}l.=17.6$ mo.		
				med.=5.0									med.=2.0		
				S.D.=36.7									S.D.=35.8		

Correctional and Mental Health History

Mental Health History Continued

(Grouped)*

Count Col	Prior			Prior			Prior			Prior			Prior		
	Contact			Psychiatric Treatment			Psychologist			Counsellor			Psychiatric Institution		
PCT	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.	T.S.	C.I.	C.P.
Unknown	3	3		5	4	1	13	6	8	31	16	16	1	1	
or	2.2	4.0		3.7	5.3	1.7	9.7	8.0	13.6	23.1	21.3	27.1	0.7	1.3	
N/A															

134

100% *Total Sample: N=134; Combined Institutions: N=75; Combined Probation: N=59
 (T.S.) (C.I.) (C.P.)

Correctional and Mental Health History

Monteith Correctional Centre

Mental Health History

N=27

Count Col PCT	Prior Contact	Prior Psychiatric Treatment	Prior Psychologist	Prior Counsellor	Prior Psychiatric Institution
Missing Data			2 7.4	2 7.4	1 3.7
No	15 55.6	17 63.0	19 70.4	19 70.4	22 81.5
Yes	12 44.4	10 37.0 75% ≤ 2 contacts \bar{x} 1. = 3.7 mo.	5 18.5 60% = 1 contact \bar{x} 1. = 4.4 mo.	1 3.7	4 14.8 75% ≤ 2 contacts \bar{x} 1. = 2.7 mo.
Unknown or N/A			1 3.7	5 18.5	



27
100%

Correctional and Mental Health History

Thunder Bay Correction Centre

Mental Health History

N=13

Count	Prior	Prior	Prior	Prior	Prior
Col PCT	Contact	Psychiatric Treatment	Psychologist	Counsellor	Psychiatric Institution
Missing	0	1	3	3	1
Data	0.0	7.7	23.1	23.1	3.7
No	5	6	8	8	7
	38.5	46.2	61.5	61.5	53.8
Yes	8	6	2	0	5
	61.5	46.2	15.4	0.0	38.5
		100%  3	Frequency		60%  2
		contacts \bar{x} 1.	Unknown		contacts \bar{x} 1.
		= 8 mo.			= 8.0 mo.
Unknown	0	0	0	2	0
or				15.4	
N/A					
	13				
	100%				

Correctional and Mental Health History
Sault Ste. Marie Probation and Parole
Mental Health History

N=9

Count Col PCT Missing Data	Prior Contact	Prior Psychiatric Treatment	Prior Psychologist	Prior Counsellor	Prior Psychiatric Institution
No	2 22.2	4 44.4	3 33.3	3 33.3	2 22.2
Yes	7 77.8	4 44.4 67% 2 contacts \bar{x} 1. = 8.0 mo.	2 22.2	0 0.0	2 22.2 100% 2 contacts \bar{x} 1. = 8 mo.
Unknown or N/A		1 11.1	0	2 22.2	
	9 100%				

Correctional and Mental Health History

North Bay Probation and Parole

Mental Health History

N=15

Count Col PCT Missing Data	Prior Contact	Prior Psychiatric Treatment	Prior Psychologist	Prior Counsellor	Prior Psychiatric Institution
			4 26.7	4 26.7	4 26.7
No	3 20.0	6 40.0	5 33.3	5 33.3	5 33.3
Yes	12 80.0	9 60.0 67% 6 2 contacts \bar{x} 1. = 3.3	4 26.7 75% 4 3 contacts \bar{x} 1. = 1.5 mo.	2 13.3	6 40.0 80% 6 2 contacts \bar{x} 1. = 1 mo.
Unknown or N/A			2 13.3	4 22.7	
	15 100%				

Correctional and Mental Health History
Fort Frances Probation and Parole
Mental Health History

N=11

Count Col PCT Missing Data	Prior Contact	Prior Psychiatric Treatment	Prior Psychologist	Prior Counsellor	Prior Psychiatric Institution
		1 9.1	2 18.2	2 18.2	2 18.2
No	3 27.3	4 36.4	5 45.5	5 4.5	4 36.4
Yes	8 72.7	6 54.5	3 27.3	1 9.1	5 45.5
		100% ≤ 2 contacts \bar{x} 1. = 3.3 mo.	68% > 4 contacts \bar{x} 1. = 10.3 mo.		100% ≤ 2 contacts \bar{x} 1. = 3.0 mo.
Unknown or N/A			1 9.1	3 27.3	

11

100%

Service Quality

Mental Health Service

Service Quality

	Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins
<u>Strength of Post-Treatment Behaviour As</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P
<u>Treatment Outcome</u>						
<u>Positive Outcome N=51</u>						
Very	4					
Low	18.2					
	5					1
Low	22.7					33.3
	11	1	1		2	2
Moderate	50.0	33.3	50.0		100.0	66.7
	2					
Great	9.1					
		2	1			
Very Great		66.7	50.0			
Column	22	3	2		2	3
Total	43.1	5.9	3.9		3.9	5.9

Mental Health Service
Service Quality Continued

	S.S. Marie	N.B.	Fort Frances	Kenora	Row
<u>Strength of Post-Treatment Behaviour As</u>	P&P	P&P	P&P	P&P	Total
<u>Treatment Outcome</u>					
<u>Positive Outcome N=51</u>					
Very					4
Low					7.8
		1		3	10
Low		20.0		37.5	19.6
	3	2	2	3	27
Moderate	75.0	40.0	100.0	37.5	52.9
	1	2		2	7
Great	25.0	40.0		25.0	13.7
					3
Very Great					5.9
Column	4	5	2	8	51
Total	7.8	9.8	3.9	15.7	100.0

Mental Health Service
Service Quality Continued

	Menteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins
<u>Strength of Post-Treatment Behaviour As</u>	C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P
<u>Treatment Outcome Continued</u>						
<u>Negative Outcome N=13</u>						
Very						
Low			2			
			50.0			
			2			
Moderate			50.0			
					1	
Great					100.0	
Very Great						
Column			4		1	
Total			30.8		7.7	

Mental Health Service
Service Quality Continued

	S.S. Marie	N.B.	Fort Frances	Kenora	Row
<u>Strength of Post-Treatment Behaviour As</u>	P&P	P&P	P&P	P&P	Total
<u>Treatment Outcome Continued</u>					
<u>Negative Outcome N=13</u>					
Very		1			1
Low		33.3			7.7
				2	4
Low				50.0	30.8
	1	1		2	6
Moderate	100.0	33.3		50.0	46.2
		1			2
Great		33.3			15.4
<u>Very Great</u>					
Column	1	3		4	13
Total	7.7	23.1		30.8	100.0

Mental Health Service
Service Quality
(Individual)

Monteith	T.B.	Sud. Hail.	Kenora	S.S. Marie	Timmins	S.S. Marie
C.C.	C.C.	N.B. Jail	T.B. Jail	Jail	Sud. P&P	P&P

Mental Health Experience Assists

Positive Social Adjustment

	2	6	6	1	3		2
No	7.4	46.2	46.2	8.3	30.0		22.2
	20	7	3	1	1	4	6
Yes	74.4	53.8	23.1	8.3	10.0	66.7	66.7
	5		4	10	6	2	1
Missing Info	18.5		30.8	83.3	60.3	33.3	11.1
Column	27	13	13	17	10	6	9
Total	20.1	9.7	9.7	9.0	7.5	4.5	6.7

Mental Health Service
Service Quality Continued
(Individual)

	N.B. P&P	Fert Frances P&P	Kenora P&P	Row Total
<u>Mental Health Experience Assists</u>				
<u>Positive Social Adjustment</u>				
No	1 6.7	1 9.1	12 66.7	34 25.4
Yes	10 66.7	4 36.4	4 22.2	60 44.8
Missing Info	4 26.7	6 54.5	2 11.1	40 29.9
Column	15	11	18	134
Total	11.2	8.2	13.4	100.0

Mental Health Service
Service Quality Continued
(Individual)

	Monteith C.C.	T.B. C.C.	Sud. Hail. N.B. Jail	Kenora T.B. Jail	S.S. Marie Jail	Timmins Sud. P&P	S.S. Marie P&P
<u>Strength of Assistance</u>							
<u>N=58 valid cases</u>							
Very	3	1					
Low	5	1				1	1
Moderate	9	3	1		1	3	3
Great	2	1	1	1			2
Very		1	1				
Great							
Column	19	7	3	1	1	4	6
Total	32.8	12.1	5.2	1.7	1.7	6.9	10.3

Mental Health Service
Service Quality Continued
(Individual)

	N.B. P&P	Fort Frances P&P	Kenora P&P	Row Total
<u>Strength of Assistance</u>				
<u>N=58 valid cases</u>				
Very				4
Low				6.9
	1		1	10
Low				17.2
	6	2	2	30
Moderate				51.7
	1	2	1	11
Great				19.0
Very	1			3
Great				5.2
Column	9	4	4	58
Total	15.5	6.9	6.9	100.0

Appendix F
Occupation List

Occupation 01-99

- 01 Tire Repairman
- 02 Labourer, General Labour Work
- 03 Carpenter
- 04 Housekeeper/Housewife/Homemaker
- 05 Construction Worker, Heavy Equipment Operator
- 06 Painter
- 07 Skilled Labourer/Molder/Trades Helper
- 08 Unskilled, Includes Dishwasher
- 09 Waitress
- 10 Unknown
- 11 Pension/Disability/Veteran
- 12 Metal Worker
- 13 Mechanic
- 14 Truck Driver
- 15 None; Chronically Unemployed; Transient
- 16 Sawmill Worker
- 17 Construction Electrician
- 18 Salesperson, Retail Sales Clerk
- 19 Self-Employed, Business Man/Woman
- 20 Miner
- 21 Electrical Technician
- 22 Electrical Apprentice
- 23 Trapper/Guide
- 24 Student
- 25 Pipe Fitter
- 26 Indian Band Leader/Assistant Leader

Occupation 01-99 Continued

- 27 Printer
- 28 Attending An Adult Rehabilitation Centre
- 29 Insurance Salesman
- 30 Skipper
- 31 Water Treatment Plant Operator
- 32 Railroad Brakeman

Appendix G

Other (Behaviour Result In Identification)

Behaviours Resulting in Identification

"Other": Detailed

- pattern of offending while intoxicated
- nature of offence (i.e., indecent assault)
- glue/gas sniffing
- history of drug abuse
- mental retardation
- prior clinical diagnosis re: mental health
- hoarding/peculiar behaviour
- attitude

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